

# PREA Facility Audit Report: Final

**Name of Facility:** Bishop House for Men

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 05/13/2024

**Date Final Report Submitted:** 07/18/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Latera M. Davis	<b>Date of Signature:</b> 07/18/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Davis, Latera
<b>Email:</b>	laterad@yahoo.com
<b>Start Date of On-Site Audit:</b>	04/04/2024
<b>End Date of On-Site Audit:</b>	04/05/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Bishop House for Men
<b>Facility physical address:</b>	31 Bishop Street, Waterbury, Connecticut - 06704
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Director</b>	
<b>Name:</b>	Fahd Syed
<b>Email Address:</b>	FSyed@newoppinc.org
<b>Telephone Number:</b>	2035099007

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Shazia Husain
<b>Email Address:</b>	shusain@newoppinc.org
<b>Telephone Number:</b>	O: 203-575-4357

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	51
<b>Current population of facility:</b>	49
<b>Average daily population for the past 12 months:</b>	49
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18 +
<b>Facility security levels/resident custody levels:</b>	1 (minimum security)
<b>Number of staff currently employed at the facility who may have contact with</b>	20

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

<b>AGENCY INFORMATION</b>	
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<b>Name of agency:</b>	New Opportunities, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	232 North Elm Street, Waterbury, Connecticut - 06702
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Fahd Syed	<b>Email Address:</b>	fsyed@newoppinc.org
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-04
2. End date of the onsite portion of the audit:	2024-04-05

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	51
15. Average daily population for the past 12 months:	49
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	44
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>22</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor randomly selected based on housing unit.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were non identified in the assessments or by the facility.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>7</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>All staff on all shifts during the site review were interviewed.</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	20
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>

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

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no reported allegations of sexual abuse.

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



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Non-certified Support Staff**

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

<p><b>121. Who paid you to conduct this audit?</b></p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p><b>Identify the name of the third-party auditing entity</b></p>	<p>Diversified Correctional Services</p>
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<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li>   <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li>   <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire</li> <li>· Policy: Prison Rape Elimination Act (PREA)</li> <li>· Agency Organization Chart</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.211 (a)

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment (p. 1). The policies outlined the approach to prevent, detect, and response to sexual abuse and sexual harassment. The policy further defines sexual abuse and sexual harassment (pp.1-11).

Corrective Actions:

- N/A. There are no corrective actions for this provision.

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

115.211 (b). An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act. The agency/facility has PREA policies which ensure the sexual safety of facility residents and staff. The policy includes zero-tolerance philosophy from the agency central office through the front-line staff in its facilities. The agency/facility PREA coordinator has direct access to the head of the agency and regular communication with the senior leadership team.

- Policy: Prison Rape Elimination Act (PREA) Policy outlines the duties and responsibilities of the PREA Coordinator (p. 2).

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

- Agency Organization Chart

	<p>Interviews:</p> <ul style="list-style-type: none"> <li>· PREA Coordinator: The interviewed staff reported that they have enough time to manage their PREA-related responsibilities based on their prior experience with Connecticut Department of Corrections and having over a decade of investigative experience. If there is an identified issue, we would work address for compliance by researching and making sure all of the policies and procedures are followed.</li> </ul> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· N/A. There are no corrective actions for this provision.</li> </ul> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act (PREA) Policy</p> <p>State of Connecticut Purchase of Service Contract</p> <p>Findings (By Provision):</p> <p>115.212 (a). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

- The agency/facility does not contract with another entity for the confinement of its Residents.
- The agency serves as a contracted provider for the Department of Corrections (State of Connecticut Purchase of Service Contract).

Corrective Actions:

- N/A. There are no corrective actions for this provision.

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

115.212 (b). As reported in the PAQ, the agency policy does require the agency to monitor contracts if they have them.

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

115.212(c). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standards because:

- The facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.213	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Supervision and Monitoring-Staff</p> <p>Staff Plan Assessment</p> <p>Schedule</p> <p>Layout of Facility</p> <p>Staffing Schedule</p> <p>Interviews:</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.213(a). As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 45. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 51.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standards because:</p> <ul style="list-style-type: none"> <li>· Schedule</li> <li>· Staffing Plan (5/2024)</li> <li>· The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines the minimum number of staff that should always remain on the floor. The minimum staff requirements can never be deviated from so the staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes</li> </ul>



available. Staff complete hourly headcounts/rounds as an additional means of supervision.

- The Staffing Matrices are established by the funding source however the funding source is open to suggestions based on the agency's on-going assessments of their needs. The staffing matrix is submitted every year. If the agency/facility has changes to recommend, the funding agency does consider the justifications for the requests.

- The facility provided a layout of the entire facility and location of residents.

- Site Review: During the site review the facility did not have an adequate staffing plan developed. However, the auditor was able to observe that the staff have the minimum staffing needed for the site operations. In the housing and living areas the case managers had an office. The residents were in single or double occupancy rooms/apartment style. The residents programming, work and education is conducted offsite however each housing area has a day area to watch TV and warm up food. There are surveillance cameras in the hallways and shared spaces. There are no cameras in the rooms or in the bathrooms. Staff would walk the floors every hour to conduct room checks.

During the site review informal conversation with staff reported that the site is operating and minimal staff and often times staff stay over to ensure coverage. Staff also confirmed that they will coordinate residents programming and work with an outside source.

#### Interviews

PREA Coordinator/Director - The interviewed staff reported that Staffing plans are assessed for resident sexual safety by looking at the layout of the facility. There are some single and some double occupancy rooms. It was further reported that the site has adequate staffing levels to protect residents. On day shift, we monitor along with case managers, directors, job specialists and administrative assistants. Random tours are conducted by support staff along with monitoring and taking count. The 2nd shift has lead monitors along with support staff. While the 3rd shift has at least two monitors. Tours are to be conducted every hour. Video monitoring occurs 24/7. The staffing plan is documented in the staffing matrix along with the schedule.

#### Corrective Actions:

- Staffing Plan was not completed annually. The auditor provided the facility with instructional guidance from the PREA Resource Center regarding the requirements of the staffing plan. During the audit period the facility completed an annual staffing plan. No further action needed.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standards because:

- The facility staffing plan is based on the contract with CT DOC. In circumstances where the staffing plan is not complied with, the facility document and notified CT DOC of deviations.
- The staffing schedule was provided to show the number of staff per shift.
- Staffing Plan (5/2024)

Interviews

Director or Designee - The interviewed staff reported that the facility documents all instances of noncompliance with the staffing plan. It would be documented via an incident report, staffing matrix or schedule.

Corrective Actions:

- Staffing Plan was not completed annually. During the audit period the facility completed an annual staffing plan. No further action needed.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standards because:

- Staffing Plan (5/2024)
- The staffing plan is objective with the number and placement of staff and some video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and security needs and programming.
- The agency/facility makes its best efforts to comply on a regular basis with the staffing plan and the facility document deviations from the staffing plan. The agency PREA coordinator/Facility Compliance Manager is a part of the annual review.

	<p>Interviews</p> <p>PREA Coordinator – The interviewed staff reported that the staffing plan was recently updated for the one-year review. If there are issues with staffing consultation occurs with staff along with video monitoring to maintain safety and security.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· Staffing Plan was not completed annually. During the audit period the facility completed an annual staffing plan. No further action needed.</li> </ul> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>PREA Training Curriculum</p> <p>PREA Training Staff Sign Off (11)</p> <p>Interviews:</p> <p>Resident Interview Questionnaire (10)</p> <p>Random Sample of Staff (7)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.215 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not conduct strip searches or body cavity searches at all. Staff are prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors, and the showers have stalls and curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents living areas and their privacy.
- There have been no strip search or body cavity searches, and these are prohibited, nor have there been any searches involving “touch”. Residents have privacy while changing clothing because of doors on their rooms. Policy requires Residents and staff to be subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched. It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or Resident, even in exigent circumstances.
- Policy: Prison Rape Elimination Act states that “Cross gender strip searches and body cavity searches are prohibited” (p.3).
- Audit Site Review: During the site review the auditor did not observe any staff conducting body searches. The auditor was able to observe a new resident intake and did not see any cross-gender searches. Information conversation with staff and residents further confirmed that cross gender and body cavity searches did not occur.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

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

115.215 (b). As reported in the PAQ, the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 residents). It further states that the facility does not restrict female

residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act states that "Cross gender strip searches and body cavity searches are prohibited" (p.3).

Interviews

Random Sample of Staff – There were no female residents at the program.

Resident Interview Questionnaire (Female Residents)- There were no female residents at the program.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

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

115.215 (c). N/A-the facility does not conduct cross-gender strip searches or visual cavity searches.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act states that "Cross gender strip searches and body cavity searches are prohibited" (p.3).

Corrective Actions:

- N/A. There are no corrective actions for this provision.

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

115.215 (d). As reported in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts,

buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

- Policy: Prison Rape Elimination Act states that “Resident showers, bathroom and changing areas are conducted in private without cross gender viewing. Female staff shall announce their presence before entering area where residents are changing showering or using bathroom.” (p. 3).

- Onsite Review/Observations:

- o During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor observes areas where residents may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing, intake, showers, bathrooms, common areas.

- o During the site review, the auditor observed the facility critical function of cross-gender announcements. The auditor observes staff announcing their present when entering housing unit/living areas of the opposite gender. The phrase most used by staff is “female in the unit”; “female staff on deck”.

- o During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show Residents naked, using the showers or toilets on camera monitors.

- o During the site review, the auditor observed the facility critical function of the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the PREA Screening are kept in the residents’ files and maintained in lock file cabinet and rooms. There was no confidential resident information located in places where other residents or staff can review.

#### Interviews

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

in full view of opposite gender staff.

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

Correction Actions:

- N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act stats that “the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status” (p. 3).

Interviews

Random Sample of Staff – The interviewed staff reported that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

Transgender/Intersex Residents – There were no transgender or intersex residents onsite during the onsite portion of the audit.

Corrective Actions:

- Policy was updated to meet the requirements of the provision. No further action needed at this time.

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

115.215 (f). As reported in the PAQ, 100% of staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional manner with security needs.

	<p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· The agency/facility provided the auditor copies of staff training power points that include slides on conducting cross-gender pat down searches, and searches of transgender and intersex Residents in a respectful manner.</li> <li>· PREA Training Sign Off (11)</li> <li>· Training Curriculum</li> </ul> <p>Interviews</p> <p>Random Sample of Staff - All of the interviewed staff reported that they have received training on how to conduct cross gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner. When probed, one staff could not recall the details regarding searching a transgender resident.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· N/A. There are no corrective actions for this provision.</li> </ul> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p>



Policy: Prison Rape Elimination Act (PREA)

PREA Posters

Staff PREA Training Sign Off (11)

Corrective Action:

Memo: Interpreter Services

Interviews:

Agency Head

Residents (with disabilities or who are limited English proficient) (1)

Random Sample of Staff (7)

Findings (By Provision):

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- To ensure effective communication with residents or residents who are deaf or hard of hearing, the agency provide access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.
- The agency also provides written materials in formats or through methods that ensure effective communication with residents/residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.
- The agency/facility has established procedures to ensure residents who are LEP or have disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's/facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- The agency has documents in Spanish and English, signs in the program are in Spanish, Spanish speaking Case Managers in some of the programs, and would use a translating service if needed. If Residents are unable to read, a staff member reads and review all PREA information with the residents in person.
- Policy: The Prison Rape Elimination Act (PREA) Policy states that "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. 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 resident's allegation." (p. 3).

- Staff PREA Training Sign Off (11)
- PREA Posters (English/Spanish)

Site Review: During the site it was reported that the agency does not have an interpret service that it utilizes. If there is a need for an interpreter, it is reported that they will utilize the Parole Board or an outside advocacy group.

#### Interviews

Agency Head - The interviewed agency head reported that there is information in Spanish and if there is a different language we can provide staff interpreters.

Residents (with disabilities or who are limited English proficient) - There was resident identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The resident further reported that initially they could not understand however the staff verbally went over the documents. Sometimes assistance is still needed and the case manager will assist. Sometimes there is difficulty reading information but staff have been helpful.

#### Corrective Actions:

The agency shall coordinate with the Department of Corrections or other related agencies to identify interpreting services. The state has access to no cost services that the agency shall get familiar with and incorporate if staff interpretation is not available. Such services should include the use of hearing impaired and visually impaired. The facility provided a memo on several access points for interpreter services. No additional documentation is needed.

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

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

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Policy: The Prison Rape Elimination Act (PREA) Policy states that “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. 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 resident’s allegation.” (p. 3).
- Staff Training Sign Off (11)
- PREA English/Spanish Handout

#### Interviews

Residents (with disabilities or who are limited English proficient) – There was resident identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The resident further reported that initially they could not understand however the staff verbally went over the documents. Sometimes assistance is still needed, and the case manager will assist. Sometimes there is difficulty reading information, but staff have been helpful.

#### Corrective Actions:

The agency shall coordinate with the Department of Corrections or other related agencies to identify interpreting services. The state has access to no cost services that the agency shall get familiar with and incorporate if staff interpretation is not available. Such services should include the use of hearing impaired and visually impaired. The facility provided a memo on several access points for interpreter services. No additional documentation is needed.

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

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

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

investigation of the resident's allegations: 0.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The program has not relied on resident interpreters, resident readers, or other types of resident assistants.
- All staff indicated that they would not let residents serve as interpreters. The facility has staff interpreters.
- Policy: The Prison Rape Elimination Act (PREA) Policy states that "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. 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 resident's allegation. Any use of resident interpreters must be noted in Incident report/investigation." (p. 3).

#### Interviews

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

Residents (with disabilities or who are limited English proficient) - There was resident identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The resident further reported that initially they could not understand however the staff verbally went over the documents. Sometimes assistance is still needed, and the case manager will assist. Sometimes there is difficulty reading information, but staff have been helpful.

#### Corrective Actions:

N/A. There are no corrective actions for this provision

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

#### Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following

analysis, it has been determined that the facility is compliant with the standard.

**115.217 Hiring and promotion decisions**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act

Personnel File (15 new hire):

- New Hire Orientation Checklist
- Reference Check Form
- Internal Career Opportunity
- PREA-Employment Questionnaire
- Employment Application
- Background Check
- Staff PREA Understanding

5-year background checks (4)

Workplace code of conduct

Email Correspondence with HR (Prior Institutional Employer Check)

Email Correspondence with HR (Contractor Checks)

Interviews:

Administrative (Human Resources) Staff

Findings (By Provision):

115.217 (a). As reported in the PAQ, the agency policy does not prohibit hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement

facility, juvenile facility, or other institution.

2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2).

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Employee Records: Document Employee Records provide an overview of the background check process and employee file.
- The HR staff reported that access to personnel files is restricted therefore the agency provided a spreadsheet confirming staff background checks, pre-employment process and Personnel Files (15)

Corrective Actions:

N/A. There are no corrective actions.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act provides guidance on the above provision (p. 3).
- Email Correspondence with HR.

Interviews

Administrative (Human Resources) Staff – NOI does not inquire about past sexual harassment activity from previous employers when hiring. For current employees, refer to our Code of Conduct from the Employee Handbook.

Corrective Actions:

- The agency shall develop a process to conduct a reference check that inquires about prior incidents of sexual harassment or sexual abuse of residents at prior institutional employers. As reported by HR they will implement a process moving forward to ensure prior institutional employers are contacted (See attached email). No further action is warranted.

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

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

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 11.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act states that "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." (p. 3).

- Personnel Files (15)

Interviews

Administration (Human Resources Staff): The interviewed staff reported that the agency does consider prior incidences of sexual harassment. NOI performs motor vehicle checks (if applicable), criminal background checks, as well as sex offender checks on all new hires. For current DOC staff, motor vehicle checks are conducted annually, and criminal background check/sex offender registry checks are conducted every five years. Should an employee be promoted/transferred to the Bishop House another check is conducted prior to the position change.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.217 (d). As reported in the PAQ, the agency policy does not require that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Upon clarification with HR, a contractor background check would occur at the site level, if the facility had contracted staff (Email Correspondence HR).

Interviews

Administration (Human Resources Staff): The interviewed staff reported that the agency does consider prior incidences of sexual harassment. NOI performs motor vehicle checks (if applicable), criminal background checks, as well as sex offender checks on all new hires. For current DOC staff, motor vehicle checks are conducted annually, and criminal background check/sex offender registry checks are conducted every five years. Should an employee be promoted/transferred to the Bishop House another check is conducted prior to the position change.

Corrective actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act states that "Criminal background checks will be completed every five years on Bishop House and NOI maintenance employees" (p. 3).
- 5- year background check (4)

Interviews



Administrative (Human Resources) Staff – Criminal background and motor vehicle checks are completed by First Advantage. We check exclusions on the Office of Inspector General website. We also do a check using the National Sex Offender Public website. Background checks are conducted every five years for active employees.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Pre-employment Questionnaire (15)

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that all new applicants are pre-screened in the HRIS during the application phase. All NOI employees are subject to our Employee Handbook Policies, including our Notification of Attestation and Non-Harassment policies in the Employee Handbook. All new hires acknowledge and sign off on the Employee Handbook Electronically during onboarding. Should the Employee Handbook be updated, all employees are sent the revised Handbook via the HRI and acknowledge and sign off via electronic signatures in the HRIS.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- Policy PREA Prison Rape Elimination Act: further confirm the above agency requirements (p. 3)
- Workplace Code of Conduct provides guidance on employee expectations.

Corrective Actions:

N/A. There are no corrective actions.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.218	Upgrades to facilities and technology
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Email correspondence: Request/Install of additional cameras</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.218 (a). As reported in the PAQ, the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Site Review: During the site review and interviews with staff there was no information that indicated that the site had made any expansions or modifications.</li> </ul> <p>Interviews</p> <p>Agency Head - The interviewed agency head reported that we designate or acquire a new facility, the agency shall consider how such technology may enhance the agencies' ability to protect residents from sexual abuse.</p> <p>Director or Designee - The interviewed staff reported that there has been no substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. However, if needed the PREA standards would be taken into consideration.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p>

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

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

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

**Interviews:**

Agency Head - The interviewed agency head reported that when installing new technology or a video monitoring system, the agency should consider how it may enhance the agencies' ability to protect residents from sexual abuse.

Director or Designee - The interviewed staff reported that when installing new cameras or video monitoring technology the agency shall consider whether the enhancements could better protect residents from sexual abuse.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

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

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

PREA Checklist

Email Correspondence with Waterbury PD

MOU Safe Haven Greater Waterbury

Staff Training: Preserving Evidence

Interviews:

Random Sample of Staff (7)

Findings (By Provision):

115.221 (a). As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Department of Corrections, Waterbury Police Department, or State Police is responsible for conducting criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA Checklist provides guidance on staff it relates to who to call for an allegation of sexual abuse. This includes contacting outside law enforcement.
- Policy Prison Rape Elimination Act (PREA) states that “to the extent that the agency is responsible for investigating allegations of sexual abuse, along with reporting the matter to law enforcement for criminal prosecution. Law enforcement will collect all evidence that is discovered (p.3).

Interviews

Random Sample of Staff – The interviewed staff reported that the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse include remove the person from the area and get them to a safe location, don’t touch anything, secure the scene, and make sure no one contaminates the evidence. When probed, some of the ways it was described that the evidence would not get contaminated includes no showering, brushing teeth or changing clothes. However, staff had a variety of responses to how and if they could handle evidence.

Corrective Actions:

- Significant probing was needed in order to get the staff to explain how evidence would be handled. Staff had a variety of responses and did not seem to sure of what to do aside from separating individuals and notifying a supervisor. It is recommended that the facility conduct additional training with staff on the evidence protocol process. Additional training was conducted. No further action needed.

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

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

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

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

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Public Act No. 18-83 provides the state response to access to forensic medical examinations without financial cost to the victim.

- Examinations are conducted at the Saint Mary's Hospital

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- MOU: Safe Haven of Greater Waterbury

Interviews

PREA Coordinator - The interviewed staff reported that the agency shall attempt to make a victim advocate available from a rape crisis center. If a rape crisis center is not available to the victim, the agency shall utilize a qualified staff member from a community-based organization.

Residents who Reported a Sexual Abuse - There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- MOU: Safe Haven of Greater Waterbury

Interviews

PREA Coordinator - The interviewed staff reported that victims of sexual abuse shall receive timely access to emergency medical treatment and crisis intervention services. The agency shall seek services from the local rape crisis center. If such services are not available, they will seek services from a qualified community-based organization. The agency shall document all efforts to secure services.

Residents who Reported Sexual Abuse - There were no residents on site who reported sexual abuse during the onsite portion of the audit.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.221 (f). As reported in the PAQ, iff the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Outside law enforcement agreement-Email Correspondence with Waterbury PD confirms the agency agreement to conduct sexual abuse investigations.</li> <li>· The auditor corresponded with the State Troopers who further reported that they conduct investigations at the community confinement sites across the state.</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Sexual Harassment Allegation (1)</p> <p>Statement regarding Sexual Harassment Allegation</p>



Interviews:

Agency Head

Investigative Staff

Findings (By Provision):

115.222 (a). As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).

In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 1.

In the past 12 months, the number of allegations resulting in an administrative investigation: 0.

In the past 12 months, the number of allegations referred for criminal investigation: 0.

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act provides guidance on the process to ensure administrative and criminal investigation is completed for all allegations of sexual abuse and sexual harassment (pp. 3-4).
- Sexual Harassment allegation: the allegation was provided however it did not appear that it was thoroughly investigated. The facility further reported that DOC also conducted an investigation. The auditor reached out to DOC and at this time have not received any response.

Interviews

Agency Head - The interviewed agency head reported that the agency shall ensure that all allegations of sexual abuse or sexual harassment are investigated. An outside law enforcement agency or Parole will conduct the criminal investigations.

Corrective Actions:

- The auditor will review any allegations to determine compliance during the corrective action phase. It should also be noted that the director completed the specialized training to have a better understanding of the process. The auditor will also follow up with DOC to verify that a thorough investigation was conducted. Upon review it was determined that the PREA Coordinator for DOC that the allegation did not require an investigation. After discussion with the PREA Resource Center final discussion indicated that all allegations shall be investigated. The auditor provided

information to the facility to better educate them on the process of the requirement to investigate. Said information was also provided to the Department of Corrections PREA Coordinator. No additional information is required at this time.

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

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

#### Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act provides guidance on the process to ensure administrative and criminal investigation is completed for all allegations of sexual abuse and sexual harassment (pp. 3-4).
- Sexual Harassment allegation: the allegation was provided however it did not appear that it was thoroughly investigated.
- Website Bishop House ([newoppinc.org](http://newoppinc.org))

#### Interviews

Investigative Staff - The interviewed staff stated the agency will refer all agency with legal authority to be involved with potentially criminal behavior.

#### Corrective Actions:

- The auditor will review any allegations to determine compliance during the corrective action phase. It should also be noted that the director completed the specialized training to have a better understanding of the process. The auditor will review any allegations to determine compliance during the corrective action phase. It should also be noted that the director completed the specialized training to have a better understanding of the process. The auditor will also follow up with DOC to verify that a thorough investigation was conducted. Upon review it was determined that the PREA Coordinator for DOC that the allegation did not require an investigation. After discussion with the PREA Resource Center final discussion indicated that all allegations shall be investigated. The auditor provided information to the facility to better educate them on the process of the requirement to

	<p>investigate. Said information was also provided to the Department of Corrections PREA Coordinator. No additional information is required at this time.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.222 (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.</p> <p>Compliance Determinations:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Website Bishop House (newoppinc.org)</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.222 (d). Auditor is not required to audit this provision.</p> <p>115.222 (e). Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis and upon review of additional documentation the site has met compliance with the standard.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p>

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act

PREA Acknowledgement Signed/Training Record (11)

Training Curriculum

Interviews:

Random Sample of Staff (7)

Findings (By Provision):

115.231 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act provides guidance on the staff PREA training responsibility (p. 4).
- Training Records (11)

Interviews

Random Sample of Staff - All of the interviewed staff reported that they received training on the above-mentioned elements. The staff reported that they received as a new hire and that they received a refresher recently. When probed the staff were

able to describe various components of the training such as signs to look out for if someone is being victimized, and some of the common reactions of sexual abuse victims.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Training Curriculum
- Training records. (11)

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Refresher: Employee PREA Training Acknowledgment (11)

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

	<p>115.231 (d). The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Staff PREA Understanding Acknowledgement Signed (11)</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>PREA Training Curriculum</p> <p>Findings (By Provision):</p> <p>115.232 (a). As reported in the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and individual</p>

contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 0.

#### Compliance Determination

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Volunteers and Interns policy states that "Any volunteer or contractors who will have contact with residents will receive training as noted in previous section-Employee Training. Contractors who have not had background checks conducted will not have contact with clients and will be escorted and supervised by staff at all times when in client access area's "(p. 4). If there are volunteers or contractors, the facility will utilize the PREA training curriculum that is used for staff.

#### Corrective Actions:

- There were no volunteers or contractors who may have contact with residents to review records.

N/A. There are no corrective actions for this provision.

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

115.232 (b). As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. It was further reported that all volunteers and contracts receive the same training as employees.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There were no volunteers or contractors who may have contact with residents to review records.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

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

	<p>review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.232 (c). As reported in the PAQ, the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>Compliance Determination</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· There were no volunteers or contractors who may have contact with residents to review records.</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Bishop House Handbook</p> <p>Client Intake Screening/Education (24)</p> <p>PREA Handout</p>



12-month Roster of Residents

Interviews:

Intake Staff (2)

Resident (10)

Findings (By Provision):

115.233 (a). Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake:

Interviews: 130.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act "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" (p. 4).

- Client Intake Screening/Education (24)

- Resident Handbook

- Zero Tolerance Handout

- PREA Handout

- 12-month roster of residents

- Audit Site Review: During the onsite audit, the auditor observed the intake process. The residents had just arrived, and intake started within an hour of arrival. The intake worker introduced themselves and went over several documents related to the site. The intake staff asked the resident if they had heard of PREA before and expressed an open-door policy to report information to any staff. The intake worker stressed that they have a zero-tolerance environment. Additionally, the worker went to provide the client with the PREA brochure.

The auditor informally spoke to staff regarding interpreter services, and it was

reported that during intake, when interpreter services were needed, they would contact the interpreter line. It was further reported that said services have been used in the past.

Interviews:

Intake Staff - The interviewed intake staff reported that the PREA screening is conducted on day 1, during intake and day 30 for the reassessment. In order to ensure the residents, understand the information the staff verbally go over the documents, ask them if they understand and provide written material.

Resident Interview Questionnaire - All of the interviewed residents reported that when they first arrived at the facility there were given the rules against sexual abuse and sexual harassment. When probed the residents stated that the staff went over paperwork with them, and this occurred within the same day of placement. One resident was vague and stated that they recently provided them documentation and updated the postings on the wall.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.233 (b). As reported in the PAQ, the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months: 7. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: 7.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

N/A. There are no corrective actions for this provision.

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

Interviews

Intake Staff - The interviewed staff reported that when residents are transferred from other sites, they will go over the intake packet with them to ensure they understand the information. The information is provided verbally, and residents are provided a packet prior to signing acknowledgement of receipt.

Resident Interview Questionnaire - The interviewed residents reported that they arrived at the facility within the last nine months. The residents either arrived from home or at another facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the onsite inspection the auditor observed that the facility had signage for translation services. In addition, the facility had several bi-lingual staff to provide interpretation services for the most common secondary language (Spanish).
- Client Intake/Education (24)
- Resident Handbook
- Zero Tolerance Handout
- PREA Handout
- PREA Brochure (English/Spanish)

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Handbook (English/Spanish)
- Posting (Spanish/English)

Audit Site Review: During the onsite inspection the auditor observed PREA posters, resident handbooks, PREA brochures and information regarding the advocacy services throughout the common areas of all sites. Information was provided in Spanish and English. Additionally, information was provided in areas in which visitors could access. It should be noted that during informal conversation several residents reported that the information was just put up in the week prior to the onsite audit. The auditor actively observed various aspects of signage throughout the facility to ensure that crucial sexual safety information is effectively communicated to both staff and individuals confined in the facility. This involves assessing the readability, accessibility, accuracy, consistency, and placement of signage.

1. Readability and Accessibility:

- The Signage language was clear and understandable.
- Services- signage clearly outline available services and their purposes.
- Signage was provided in English as well as translated into the other languages (Spanish) commonly spoken in the facility.
- Text size, formatting, and physical placement accommodated most readers, including those with visual impairments or physical disabilities.

2. Accuracy and Consistency:

- Information on signage was accurate and consistent throughout the facility.

	<p>The auditor tested the functionality and the numbers provided.</p> <ul style="list-style-type: none"> <li>· Audit notices were relevant to the current audit, and contact information was consistent for service providers or organizations.</li> </ul> <p>3. Placement:</p> <ul style="list-style-type: none"> <li>· Signage was placed in areas accessible to staff and individuals confined in the facility.</li> <li>· Key PREA information was continuously and readily available throughout the facility, including in staff dining areas, break rooms, multipurpose rooms, housing areas, etc.</li> </ul> <p>In addition to observation, the auditor engaged in informal conversations with both staff and individuals to gather insights regarding signage, including its readability, accessibility, consistency, and whether it is always available or only posted for audits. Several residents articulated that information was provided at intake but new signage was posted during the audit process.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Training Requirements</p>

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

Training Certificate (Your Roles and Responsibilities)

Interviews:

- Investigative Staff Training

Findings (By Provision):

115.234 (a). As reported in the PAQ, the agency policy does not require that investigators are trained in conducting sexual abuse investigations in confinement settings.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act states “In addition to the general training provided to all employee, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement setting”.
- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (1)
- Training Certificate (Your Roles and Responsibilities) (1)

Interviews

Investigative Staff - The interviewed staff stated that they have completed the NIC training courses called PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Coordinators’ Roles and Responsibilities. The information would be gathered and provided to an outside law enforcement agency including Parole.

Corrective Actions:

- Policy needs updated. The policy was updated to mee the requirements of the provision. No further action warranted.
- The facility did not have a trained investigator. During the audit phase the director completed the specialized training (PREA: Investigating Sexual Abuse in a Confinement Setting) and Roles and Responsibilities. No further action warranted.

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

115.234 (b). Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence

collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)
- Training Certificate (Your Role Roles and Responsibilities)

Interviews:

Investigative Staff - The interviewed staff stated that they received training and used to be an investigator with DOC.

Corrective Actions:

- The facility did not have a trained investigator. During the audit phase the director completed the specialized training (PREA: Investigating Sexual Abuse in a Confinement Setting) and Roles and Responsibilities.

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

115.234 (c). As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)
- Training Certificate (Your Roles and Responsibilities)

Corrective Actions:

- The facility did not have a trained investigator. During the audit phase the director completed the specialized training (PREA: Investigating Sexual Abuse in a Confinement Setting) and Roles and Responsibilities.

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

	<p>115.234 (d). Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Findings (By Provision):</p> <p>115.235 (a). N/A-As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0.</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0</p> <p>115.235 (b). N/A-As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.</p> <p>115.235 (c). As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.</p> <p>115.235 (d). As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility,</p>



	<p>facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Corrective Action Documents:</p> <p>Assessments/Reassessments (7)</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening (2)</p> <p>Resident Interview Questions (10)</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.241 (a). As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act provides guidance on the agency policy to conduct screenings on residents” (p. 5).</li> <li>· PREA Risk Screening (paper version) Blank</li> <li>· Audit Site Review: During the site review the auditor observed some PREA signage in the main area of the site. The auditor recommended that more signage is posted in the housing area. Additional posters were placed during the post onsite audit phase. The audit encompassed a comprehensive review of the PREA risk</li> </ul>

screening or mock demonstration process. The following activities were meticulously assessed:

- The auditor verified the individuals responsible for conducting the risk screening, a critical step to ensure targeted interviews with the appropriate staff members. The intake staff directly asked the resident the intake questions.
- Evaluation was conducted to ascertain whether the screening process occurred in an environment conducive to privacy, minimizing the risk of sensitive information exposure. This included ensuring screenings were conducted out of earshot of other staff and confined individuals not involved in the process.
- Screening staff's approach to questioning was analyzed to determine if it fostered a sense of comfort and encouraged open responses from the individuals undergoing screening. The intake staff was patient and rearticulated if necessary, the questions.

Additionally, informal conversations were held with both staff and confined individuals during the risk screening process. These conversations provided valuable insights into various aspects of the screening process, including information collection methods, specifics of the screening tool, and the maintenance of privacy. Moreover, feedback was gathered regarding the comfort levels of confined individuals in answering questions during the screening process.

#### Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the risk of sexual victimization or risk of sexual abuse is done at intake. Intake is typically done immediately when a client arrives.

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

#### Corrective Actions:

- It was determined that the risk screening that is currently being utilized by the agency did not meet the requirements of the standard. The facility incorporated and new tool and the auditor will observe the process over at minimum a 60 day period to determine compliance with the use of the updated tool.

#### Corrective Action Documents:

- Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

115.241 (b). According to the PAQ, the policy requires that residents be screened for risk of sexual victimization or risk of sexual abuse of other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility:  
130.Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act provides guidance on the agency policy to conduct screenings on residents” (p. 5).
- PREA Screening Risk Assessment

#### Interviews

Staff Responsible for Risk Screening - The interviewed staff reported that the risk of sexual victimization or risk of sexual abuse is done at intake. Residents are screened and we ask about their safety needs.

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

#### Corrective Actions:

- It was determined that the risk screening that is currently being utilized by the agency did not meet the requirements of the standard. The facility incorporated and new tool and the auditor will observe the process over at minimum a 60 day period to determine compliance with the use of the updated tool.

#### Corrective Action Documents:

- Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

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

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- PREA Screening Risk Assessment

Corrective Actions:

- It was determined that the risk screening that is currently being utilized by the agency did not meet the requirements of the standard. The facility incorporated and new tool and the auditor will observe the process over at minimum a 60 day period to determine compliance with the use of the updated tool.

Corrective Action Documents:

- Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- PREA Screening Risk Assessment

Interviews

Staff Responsible for Risk Screening - The interviewed staff reported that the screening assesses the age, build, criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, their perceived sexual orientation, and perception of vulnerability. It was further stated that the staff ask the questions to the residents.

Corrective Actions:

- It was determined that the risk screening that is currently being utilized by the agency did not meet the requirements of the standard. The facility incorporated and new tool and the auditor will observe the process over at minimum a 60 day period to determine compliance with the use of the updated tool.

Corrective Action Documents:

· Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

· PREA Screening Risk Assessment

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the screening assesses the age, build, criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, their perceived sexual orientation, and perception of vulnerability. It was further stated that the staff ask the questions to the residents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

· It was determined that the risk screening that is currently being utilized by the agency did not meet the requirements of the standard. The facility incorporated and new tool and the auditor will observe the process over at minimum a 60 day period to determine compliance with the use of the updated tool.

Corrective Action Documents:

· Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

115.241 (f). As reported in the PAQ, the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 130.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act provides guidance on the requirements to complete a reassessment (p. 6).
- PREA Risk Screening Assessment

Interviews

- Staff Responsible for Risk Screening - The interviewed staff reported that the initial screening occurs immediately upon intake and the residents are reassessed within 30 days.
- Resident Interview Questionnaire - Only one of the interviewed residents could recall whether or not the staff have asked them the screening intake questions again since they have been here.

Corrective Actions:

- It was determined that the risk screening that is currently being utilized by the agency did not meet the requirements of the standard. The facility incorporated a new tool and the auditor will observe the process over a minimum 60 day period to determine compliance with the use of the updated tool. Additionally, the auditor will observe the use of a reassessment.

Corrective Action Documents:

- Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act Policy states that "The resident will then be reassessed and appropriate action taken as needed" (p. 5).

Interviews

Staff Responsible for Risk Screening -The interviewed staff reported that reassessments occur within 30 days. Additionally, a rescreening will occur if

anything has changed as it relates to the resident's safety.

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

Corrective Actions:

- The site could not provide adequate documentation on the use of a rescreening tool or process. The auditor will observe and obtain documentation at minimum of 60 days to determine compliance.

Corrective Action Documents:

- Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act Policy states that "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" (p. 5).

Interviews

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Audit Site Review: The audit encompassed a thorough review of the following activities to ensure compliance with PREA Standards:

- The auditor observed the physical storage area where any hard copy information/documentation collected and maintained pursuant to PREA Standards is stored. This includes documents such as risk screening information, medical records, and sexual abuse allegations. The objective was to determine if the storage area is adequately secured, utilizing methods such as key card access, locks, or other security measures.

- The auditor assessed the electronic safeguards in place for information/documentation collected and maintained electronically as per PREA Standards, particularly focusing on risk screening information. This involved evaluating how access to the electronic information is secured, such as through password protection, access restriction to certain areas, or role-based security protocols.

- In addition to these assessments, the auditor engaged in informal conversations with staff members to gather information regarding access to secure information. Specifically, discussions centered on the storage and security measures for electronic and hard copy information, including medical and mental health files, sexual abuse and harassment reports, etc. Key topics included the location, methods, and security protocols for storing information both electronically and in hard copy, as well as details regarding access restrictions and authorization procedures for personnel.

Interviews

Staff Responsible for Risk Screening - The interviewed staff reported that the assessment tools are kept in a case manager staff locked office.

PREA Coordinator: The interviewed staff reported that case managers keep the PREA screening assessment in a locked office and offices are supposed to stay locked.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility,



	<p>facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations Following analysis, it has been determined that the facility does not currently meet the required standard. As a result, corrective action will be undertaken to ensure compliance is achieved. The facility submitted additional documentation showing corrective action was implemented. The facility is now in compliance with the standard.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Facility Layout</p> <p>Programming Placement</p> <p>Corrective Action Documents:</p> <p>Assessments/Reassessments (7)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Staff Responsible for Risk Screening (2)</p> <p>Findings (By Provision):</p> <p>115.242 (a). The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy states that “Risk factors are considered in housing the resident upon arrival. Residents will not be disciplined for refusing to answer or discuss information</li> </ul>

related to mental/physical disability, sexual orientation, previous victimization or resident's perception of vulnerability" (p. 5).

- The facility uses PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.

- The facility physical layout also considers in the determinations of housing assignments.

#### Interviews

PREA Coordinator – The interviewed staff reported that information on the screening tool is used to determine housing. If we determine that a person is high risk, the housing can be adjusted to maintain safety. The information can be used to determine housing, bed, work, education and programming assignment. However, it should be noted that programs are done offsite.

Staff Responsible for Risk Screening – The interviewed staff reported that the information is used to ensure resident safety.

#### Corrective Actions:

- As the auditor, it has been observed that while the agency utilizes the information it has gathered, the existing risk screening tool does not sufficiently encompass all risk factors necessary to fully meet the requirements of the provision. As part of the corrective action phase, the auditor will evaluate the implementation of an enhanced risk assessment tool and monitor the adoption and utilization of the results derived from this tool.

#### Corrective Action Documents:

- Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

115.242 (b). As reported in the PAQ, the agency/facility makes individualized determinations about how to ensure the safety of each resident.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy states that "Risk factors are considered in housing the resident upon arrival. 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" (p. 5).

- The facility uses the PREA screening information from standard 115.41 to make individualized determinations for all residents regarding housing, bed work, education, and program assignments. These determinations are made to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.

- The facility layout diagram shows the various locations in which residents could be placed.

- Sample Programming Placement in the Provider Data Management System

#### Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the information is used to ensure resident safety.

#### Corrective Actions:

- As the auditor, it has been observed that while the agency utilizes the information it has gathered, the existing risk screening tool does not sufficiently encompass all risk factors necessary to fully meet the requirements of the provision. As part of the corrective action phase, the auditor will evaluate the implementation of an enhanced risk assessment tool and monitor the adoption and utilization of the results derived from this tool.

#### Corrective Action Documents:

- Assessments/Reassessments (7)

Upon final review of corrective action documents (assessments and reassessments) the facility is in compliance with the provision.

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

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Screening for Risk of Victimization & Abusiveness states that “Policy states that “Risk factors are considered in housing the resident upon arrival. 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” (p. 5).

#### Interviews

PREA Coordinator – The interviewed staff reported that housing and program assignments are made on a case-by-case basis, based on information from the PREA

Screening and the client intake. It was further reported that a transgender or intersex residents views would be taken into consideration. All residents have the opportunity to shower separately. There is no dedicated housing. Everything would be handled case by case to ensure the resident's health and safety and whether placement would present a management or security problem.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The placement and program assignment of transgender and intersex residents are reassessed every six months to review any threats to safety experienced by the resident. It should be noted that there were no transgender or intersex residents housed at the facility during the audit period.

Interviews

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

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

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- As a part of the housing and programming determinations involving a

transgender or intersex Resident, staff indicated that they would consider the residents' own views regarding his or her safety.

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

#### Interviews

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

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

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

#### Interviews

PREA Coordinator – The interviewed staff reported that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents. By policy and practice, the agency does not separate lesbian, gay, bisexual, transgender, or intersex residents. Everything would be addressed on a case-by-case basis.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis, it has been determined that the facility does not currently meet the required standard. As a result, corrective action will be undertaken to ensure compliance is achieved. The facility submitted documentation showing the use of the objective risk assessment and reassessment is in compliance with the standard.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Interviews:</p> <p>Random Sample of Staff (7)</p> <p>Resident Interview Questionnaire (10)</p> <p>Findings (By Provision):</p> <p>115.251 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act states that “intake residents will be</li> </ul>

advised of all reporting options available to report sexual assault/abuse or harassment. (p. 6).

- The facility uses PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.

- The facility physical layout also considers in the determinations of housing assignments.

- Audit Site Review:

The audit process involved a detailed review of various activities related to reporting mechanisms, mail processes, and record storage, as outlined below:

- The auditor conducted a test report submission via the facility's reporting system (phone system/computers) during the site review, ensuring alignment with the process available to residents. It should be noted that residents have access to site phones and their own personal phones.

- The reception of the test report by the facility was assessed, and evidence of receipt was requested and reviewed.

- Accessibility and functionality of the electronic reporting devices were evaluated, including their availability, accommodations for different needs, privacy measures, and operational status.

Additionally, informal discussions were held with both staff and residents regarding electronic reporting procedures, including access, accommodations, operational status, and anonymity considerations.

- Informal conversations were conducted with confined individuals to ascertain their awareness of the option to make verbal reports and the process for doing so.

- Discussions with staff members were held to determine their understanding of the procedures for receiving and documenting verbal reports.

- Accessibility and security of writing instruments for residents were assessed, along with the observation of how mail moves within the facility, including via mail drop boxes or staff.

Informal conversations took place with staff involved in mail processes residents regarding the privacy, confidentiality, and accessibility of mail procedures. Residents utilize the postal service mail process.

- The physical storage area of hard copy documentation, including risk screening information and medical records, was observed to determine its security.

- During the site review, the auditor observed the facility's signage regarding PREA Audit Notices, which were prominently displayed throughout the premises, ensuring

visibility to staff, residents, and visitors alike. These notices were strategically posted in living units, common areas, facility entrances, visitation areas, and staff break areas. The information provided on these notices was presented in both English and Spanish, ensuring accessibility to a diverse audience, and was legible.

Furthermore, the auditor noted that the facility's signage regarding access to outside confidential emotional support services was similarly well-distributed, with postings in all areas frequented by residents, including housing/living units. This information was consistently displayed throughout the facility, also presented in English and Spanish, and was easily readable.

Additionally, signage regarding reporting procedures for sexual abuse and/or sexual harassment, both internally and externally, was observed in residents' housing/living units, programming areas, and visitation areas. Again, the information was presented bilingually and was clearly legible.

Moreover, during the site review, it was observed that the facility provides residents with access to writing instruments, paper, and forms for reporting purposes.

The auditor also evaluated the facility's reporting systems for residents, noting that residents can report incidents of sexual abuse and/or sexual harassment through the internal grievance process, written format, or by using a cell phone. A demonstration was requested from a resident to illustrate the steps involved in reporting via phone, and discussions were held regarding the recipients and handling of reports.

Importantly, residents have the option to file a written report anonymously, without disclosing their name or the names of alleged perpetrators. This includes incidents that may have occurred prior to their commitment to the current facility.

Lastly, the agency/facility offers multiple internal avenues for residents to privately report instances of sexual abuse, sexual harassment, retaliation, or staff misconduct that may have contributed to sexual abuse.

#### Interviews

Random Sample of Staff - The interviewed staff reported various methods in which residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The various methods include telling staff, calling the hotline, or writing a grievance. Several staff reported being unaware as to how the residents would report to an outside entity.

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include tell staff, notify police, notify the parole officer, complete a grievance or call the hotline.

Corrective Actions:



- Policy was updated to meet the requirements of the provision. No further action needed at this time.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because: Here's a detailed summary of the activities reviewed during the audit process:

- Site Review

- The auditor assessed the readability and accessibility of facility signage, particularly focusing on language clarity, provision of service details, language translation, text size, formatting, and physical placement. Signage throughout the facility was observed to meet these criteria, ensuring clear communication with residents, staff, and visitors. The signage displayed was a 5th grade level.
- Specific areas where signage regarding reporting procedures for sexual abuse and/or harassment was located were identified, including housing/living units, programming areas, and common areas.
- The auditor tested the functionality of the facility's phone reporting system by placing test calls to the external reporting entity. This included assessing phone operability, connection to the correct external entity, anonymity options, and the entity's readiness to receive and forward reports. The auditor directly spoke with a DOC investigator and State Trooper to confirm the process of accepting allegations of sexual abuse or sexual harassment.
- Accessibility of phones for all residents, including those with disabilities, was evaluated. Additionally, mechanisms ensuring anonymous reporting were reviewed, ensuring privacy and confidentiality for residents. It should be noted that individuals had access to their own personal cell phone device.
- Accessibility of writing instruments and the movement of mail within the facility were observed. Mail drop boxes/receptacles were assessed for accessibility and anonymity, with a focus on ensuring secure and discreet reporting options. The site utilizes the public USPS process however individuals can drop mail at a post office.
- The security of written communication was evaluated, including the locking/

securing of mail drop boxes/receptacles and restricted access to designated facility officials. Grievance boxes were locked and secured.

Additionally, informal conversations were held with staff and residents to gather insights into the process of sending and receiving mail, including external reporting, emotional support services, and legal mail. Discussions covered privacy, confidentiality, anonymity, and accessibility considerations. Individuals new how to access emotional support services but didn't know details as they reported not needing them. Additionally, individuals expressed feeling confident that they could have confidential and accessible services if needed.

#### Interviews

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

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include telling staff, notifying police, notifying the parole officer, completing a grievance or call the hotline. All of the interviewed residents reported that they believe they could make a report without having to give their name. Moreso residents were confident in their ability to use their own phones to make a report.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act provides guidance on the staff accepting reports verbally, in writing, anonymously or from 3rd parties.

#### Interviews

Random Sample of Staff – The interviewed staff reported that a resident who alleges sexual abuse, can do so verbally, in writing, anonymously and from a third party. When asked do you document the report, all of the staff stated yes. It was further reported that they would document immediately by completing an incident report. When probed some of the staff were not fully aware how an anonymous report would be handled.

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

#### Corrective Actions:

- Policy was updated to meet the requirements of the provision. No further action needed at this time.

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

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

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act states that “staff may report privately to the Program Manager, Division Manager, or any supervisor listed on the organization chart, if needed) (p. 8).

- Site Review: As part of the audit process, the auditor initiated the review of staff reporting methods by engaging a staff member to demonstrate the procedures provided by the facility. This walkthrough aimed to ascertain the accessibility and functionality of the staff reporting method(s).

- Observations were made regarding the availability of the staff reporting method(s) to all staff in the facility. The audit focused on determining whether the reporting system is readily accessible to staff members upon request. The staff reported making reports to the director. The director's office is not near resident area therefore confidential conversation could occur.

- Additionally, the auditor assessed whether staff are mandated to report incidents to their direct colleagues or their immediate supervisor. While it is the preferred method to report to immediate supervisor, staff could articulate other

	<p>means to make a report.</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that they could privately report sexual abuse and sexual harassment of residents by calling the PREA hotline, call law enforcement, notifying chain of command, or notify the PREA coordinator.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· Policy was updated to meet the requirements of the provision. No further action needed at this time.</li> </ul> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Resident Handbook</p> <p>Grievances</p> <p>Grievance Form</p> <p>Findings (By Provision):</p> <p>115.252 (a). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.</p>

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: The Prison Rape Elimination Act policy provides guidance on how the agency will respond to allegations of sexual abuse or sexual harassment reported through the grievance process (p. 7).

Corrective Actions:

- Policy updates were made to ensure compliance with the provision. No further action needed.
- While the agency does not currently employ the grievance process to address allegations, it was determined that individuals have the option to utilize the grievance form to file a complaint. Upon filing, the complaint is promptly forwarded to the investigation process. During the onsite assessment, the auditor thoroughly examined the grievance logbook and found no instances of PREA-related grievances.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Handbook: The resident handbook provides guidance on how sexual abuse and sexual harassment allegations will be handled if submitted through the grievance system.
- Policy: The Prison Rape Elimination Act policy provides guidance on how the agency will respond to allegations of sexual abuse or sexual harassment reported through the grievance process (p. 7).
- While the agency does not currently employ the grievance process to address allegations, it was determined that individuals have the option to utilize the grievance form to file a complaint. Upon filing, the complaint is promptly forwarded to the investigation process. During the onsite assessment, the auditor thoroughly examined the grievance logbook and found no instances of PREA-related grievances.

Corrective Actions:

- Policy updates were made to ensure compliance with the provision. The resident handbook was updated to clearly articulate the process. No further action needed.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Handbook: The resident handbook provides guidance on how sexual abuse and sexual harassment allegations will be handled if submitted through the grievance system.

- Policy: The Prison Rape Elimination Act policy provides guidance on how the agency will respond to allegations of sexual abuse or sexual harassment reported through the grievance process (p. 7).

- While the agency does not currently employ the grievance process to address allegations, it was determined that individuals have the option to utilize the grievance form to file a complaint. Upon filing, the complaint is promptly forwarded to the investigation process. During the onsite assessment, the auditor thoroughly examined the grievance logbook and found no instances of PREA-related grievances.

Corrective Actions:

- Policy updates were made to ensure compliance with the provision. The resident handbook was updated to clearly articulate the process. No further action needed.

115.252 (d). As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. In the past 12 months, the number of grievances filed that alleged sexual abuse: 0. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0. The agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Handbook: The resident handbook provides guidance on how sexual abuse and sexual harassment allegations will be handled if submitted through the grievance system.
- Policy: The Prison Rape Elimination Act policy provides guidance on how the agency will respond to allegations of sexual abuse or sexual harassment reported through the grievance process (p. 7).
- While the agency does not currently employ the grievance process to address allegations, it was determined that individuals have the option to utilize the grievance form to file a complaint. Upon filing, the complaint is promptly forwarded to the investigation process. During the onsite assessment, the auditor thoroughly examined the grievance logbook and found no instances of PREA-related grievances.

Corrective Actions:

- Policy updates were made to ensure compliance with the provision. The resident handbook was updated to clearly articulate the process. No further action needed.

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

115.252 (e). As reported in the PAQ, the Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0.

115.252 (f). As reported in the PAQ, the Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours: 0. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months reached final decisions within 5 days: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Handbook: The resident handbook provides guidance on how sexual abuse and sexual harassment allegations will be handled if submitted through the grievance system.

- Policy: The Prison Rape Elimination Act policy provides guidance on how the agency will respond to allegations of sexual abuse or sexual harassment reported through the grievance process (p. 7).

Corrective Actions:

- Policy updates were made to ensure compliance with the provision. The resident handbook was updated to clearly articulate the process. No further action needed.

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

115.252 (g). As reported in the PAQ, the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Handbook: The resident handbook provides guidance on how sexual abuse and sexual harassment allegations will be handled if submitted through the grievance system.

- Policy: The Prison Rape Elimination Act policy provides guidance on how the agency will respond to allegations of sexual abuse or sexual harassment reported through the grievance process (p. 7).

- While the agency does not currently employ the grievance process to address allegations, it was determined that individuals have the option to utilize the grievance form to file a complaint. Upon filing, the complaint is promptly forwarded to the investigation process. During the onsite assessment, the auditor thoroughly examined the grievance logbook and found no instances of PREA-related grievances.

Corrective Actions:

- Policy updates were made to ensure compliance with the provision. The resident handbook was updated to clearly articulate the process. No further action needed.



	<p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>MOU: Safe Haven of Greater Waterbury</p> <p>Interviews:</p> <p>Resident Interview Questionnaire - (10)</p> <p>Findings (By Provision):</p> <p>115.253 (a). As reported in the PAQ, the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act policy states that “Residents will be</li> </ul>

provided contact information to outside victim advocates and support services” (p. 6).

- Safe Haven of Greater Waterbury-Sexual Assault Services

- Site Review:

- The auditor conducted a thorough assessment of facility signage during the site review, focusing on readability, accessibility, and accuracy.

- Signage language was evaluated for clarity and ease of understanding, particularly regarding services such as emotional support and external reporting. Signage was determined to be at a 5th grade reading level.

- It was noted that signage was provided in English and translated into other commonly spoken languages (Spanish), ensuring inclusivity.

- The text size, formatting, and physical placement of signage were examined to accommodate various readers, including those with visual or physical impairments.

- Additionally, the auditor ensured that signage information was not obscured, unreadable, or damaged, thus maintaining its effectiveness throughout the facility.

- The auditor tested access to outside emotional support services, focusing on both phone and mail communication methods.

- For phone access, functionality and connectivity were assessed by placing test calls to service providers, ensuring that residents could connect with them effectively. The phone number was accessible and the service provided reported that they could not release information unless client approved.

- Accessibility to phones and accommodations for residents with special needs were considered, along with mechanisms to maintain confidentiality and privacy during communication. Residents had access to their own private cell phone.

- For mail access, the auditor evaluated the accessibility of writing instruments and observed the movement of mail within the facility. Residents had access to the postal service and mail was not read by staff.

- The security of written communication was also assessed, ensuring that grievance drop boxes/receptacles were locked and accessible only to designated facility officials.

- Informal conversations were held with staff and residents to gather insights into the effectiveness of signage and access to outside emotional support services. Some residents reported that new signage was posted shortly before auditor arrival however they could recall receiving information during the intake process.

Interviews

Resident Interview Questionnaire - Three of the ten interviewed residents reported that they were aware of outside services that deal with sexual abuse if needed. Only one of them could name a specific place. The others said in general that they know there are services, just can't recall which ones and/or stated domestic violence shelters. When asked if the facility provided them with mailing addresses and toll-free telephone numbers, the residents could recall receiving information and that the information was posted. It was further reported that if they wanted to talk to the outside services they could be on their own as they had their own cell phones. The residents felt that they could have a private conversation with the outside services. One resident reported that the outside service would have to report abuse that occurred at the facility.

Residents who Reported a Sexual Abuse - There were no residents onsite who reported sexual abuse during the onsite portion of the audit.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Handbook : The resident handbook was updated to include outside supportive services.

Interviews

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

Corrective Actions:

- During the audit process, the resident handbook was updated to include

information to the outside supportive services. No further action needed.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor reached out to the following organizations:
  - o MOU: Safe Haven of Greater Waterbury. No reports of allegation or need for services were identified. However it was further reported that the client would have to approve the release of said information.
  - o Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need. Contact: Just Detention International (JDC) / Wilshire Blvd., Suite 340 Los Angeles, CA 90010 / Email sent: 6/21/23 at 6:45 pm. No reports of allegations were identified.
  - o National Sexual Violence Resource Center (NSVRC) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting. Contact: National Sexual Violence Resources Center (NSVRC) /2101 N. Front Street Governor’s Plaza North, building #2 Harrisburg, PA 17110 / Email sent: 6/21/23 at 6:45pm. No reports of allegations were identified.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Findings (By Provision):</p> <p>115.254 (a). As reported in the PAQ, the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Website Bishop House (newoppinc.org) : Provides information to the public on third party reporting.</li> <li>· Audit Site Review: <ul style="list-style-type: none"> <li>- During the site review, the auditor meticulously observed facility signage to assess its readability and accessibility.</li> <li>- The clarity and comprehensibility of signage language, especially concerning services like emotional support and external reporting, were thoroughly examined.</li> <li>- It was ensured that signage was provided in English and translated into other prevalent languages, catering to the diverse linguistic needs of the facility's population.</li> <li>- The auditor paid close attention to signage text size, formatting, and physical</li> </ul> </li> </ul>

placement to ensure it accommodated a wide range of readers, including those with visual or physical impairments. Signage was checked and determined to be at the 5th grade reading level.

- The accuracy and consistency of information across facility signage were carefully evaluated during the site review.

- This encompassed verifying that audit notices were pertinent to the current audit and confirming the consistency of contact information for service providers/ organizations. The auditor was able to readily access the investigator with the Department of Corrections and the Connecticut State Troopers and confirm their response to receiving any reports. There were no instances identified.

- Additionally, the auditor assessed the placement of signage to determine its accessibility to both staff and confined individuals, ensuring that it could be easily accessed when needed.

- The auditor conducted tests on the third-party reporting system either before, during, or after the onsite visit to ensure its functionality and accessibility.

- A test third-party report was completed and submitted through the same method available to the public, typically via the facility's website.

- It was confirmed that the method for submitting third-party reports was readily accessible, clearly understood, and specifically designated for reporting incidents of sexual abuse and harassment within the facility.

- Verification of the facility's process for receiving and responding to third-party reports was sought, and evidence of receiving the test report submitted by the auditor was requested for validation.

- Informal discussions were held with both staff, residents and outside reporting entities to gather insights into the effectiveness of facility signage.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Overall Findings:

- The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act

Sample of Reports to Investigators (1)

Interviews:

Random Sample of Staff (7)

Director or Designee

PREA Coordinator

Findings (By Provision):

115.261 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act policy provides guidance on the agency reporting process (p. 11).

The facility complies with the state or local mandatory reporting laws and reports sexual abuse allegations concerning any victim considered to be vulnerable adults.

- Posters and information for third party reporting are posted and available throughout the program. Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.

- The agency/facility is aware of reporting and receiving timely information about sexual abuse, sexual harassment, retaliation, and staff neglect, or violations of responsibilities that may have contributed to an incident or retaliation.

· Audit Site Review: Staff Reporting Method Review:

- During the site review, the auditor conducted an examination of the staff reporting methods offered by the facility.

· - A staff member was engaged to walk through the staff reporting process, allowing the auditor to gain a firsthand understanding of its functionality and accessibility.

- The availability of the staff reporting method was assessed to ensure it could be accessed promptly and as needed by all staff members throughout the facility.

- Additionally, the auditor evaluated whether staff were mandated to report incidents to their direct colleagues or immediate supervisors, thereby determining the hierarchical structure of the reporting process within the facility. While the expectation is to report to immediate supervisor staff was able to articulate other methods to report.

Interviews

Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Staff could articulate that their responsibility is to report immediately to the supervisor.

Corrective Action:

· Policy was updated to meet the requirements of the provision. No further action needed at this time.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

· Policy: The Reporting of Sexual Abuse & Harassment states that “apart from reporting to designated supervisors or the PREA Coordinator staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, review and other security and management



decisions” (p. 10).

· Audit Site Review:

- During the site review, the auditor conducted an assessment of the storage practices for information and documentation in adherence to the PREA Standards. Client information was stored in the assigned case managers locked office.

- The physical storage area for hard copy documentation, including but not limited to risk screening information, medical records, and sexual abuse allegations, was observed to determine the level of security in place.

- Attention was given to whether access to this physical storage area was restricted, potentially through mechanisms such as key card access or lock and key systems.

- Furthermore, the electronic safeguards for information stored electronically, such as risk screening information, were examined to ascertain the measures implemented for securing access.

Interviews

Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Staff could articulate that their responsibility is to report immediately to the supervisor.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

· The sit does not have medical and mental health practitioners or services onsite.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Sample of reports to investigators (1)

Interviews

Director or Designee Q: The interviewed staff reported that all allegations of sexual abuse and sexual harassment are received and reported.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility,

	<p>facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.262	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director or Designee</p> <p>Random Sample of Staff (7)</p> <p>Findings (By Provision):</p> <p>115.262 (a). As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: N/A.</p> <p>The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). If not immediate, please explain in the comments section. N/A.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act, states that "Upon receiving any information that a resident is subject to any risk of sexual abuse the program</li> </ul>

	<p>manager will be notified and appropriate action will be taken to protect the resident” (p. 6).</p> <ul style="list-style-type: none"> <li>· The facility screens all newly admitted residents for potential for victimization or for potential sexual abusiveness. This process is in place to ensure that a known victim and known abuser are not housed together in the same bedroom.</li> </ul> <p>Interviews</p> <p>Agency Head - The interviewed agency head reported that if they learn that a resident is subject to a substantial risk of imminent sexual abuse the agency shall take immediate action to protect the resident. Additionally, the agency cannot accept the placement if it creates a safety or security concern.</p> <p>Director or Designee - The interviewed staff reported that when they learn that a resident is subject to a substantial risk of imminent sexual abuse the agency shall take immediate action. For example, separate them, investigate and/or have closer to staff.</p> <p>Random Sample of Staff - The interviewed staff reported that if they learn that a resident is at imminent risk of sexual abuse, they will respond immediately. The various response methods include notifying the supervisor, changing rooms if needed, getting the person out of the situation, closely monitor and separate from others.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act

Report to another confinement site

Interviews:

Agency head

Director or designee

Findings (By Provision):

115.263 (a). As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act 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. 6).
- During the audit phase there was an allegation that the facility received where a resident was abused while confined at another facility. The facility provided email correspondence showing that they notified the other facility of the allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act 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. 6).

Corrective Actions:

- N/A. There are no corrective actions for this provision.

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

115.263 (c). As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act 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. 6).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.263 (d). As reported in the PAQ, the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:

0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

	<ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act states that “the facility head or agency’s office that receives said notifications shall ensure that the allegation is investigated in accordance with these standards, along with documentation being uploaded “(p. 11).</li> </ul> <p>Interviews</p> <p>Agency head – The interviewed agency head reported that it would be investigated by the director.</p> <p>Director or designee – The interviewed staff reported that if the facility receives a report from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility, the incident would be investigated and reported to the other entity. The facility recently received a report of an allegation that occurred somewhere else, and the other entity was immediately notified.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· Policy was updated to meet the requirements of the provision. No further action needed at this time</li> </ul> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act (PREA)</p> <p>Community Standards</p>

PREA Incident Check Sheet (blank)

Interviews:

Security Staff and Non-Security Staff First Responders (7)

Findings (By Provision):

115.264 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

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

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

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

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

Of these allegations in the past 12 months where staff were notified within a time



period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: N/A

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act policy provides guides on the first responder protocol. The initial guidance is limited and needs additional information. The site further provided a PREA Incident Check Sheet that provides specific guidance on the first responder process (p. 8).

#### Interviews

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

#### Corrective Actions:

- Policy updates were completed in order to get the facility in compliance with the standard. No further action needed.
- Additional training for staff on how to handle evidence. The additional training was completed. No further action needed.

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

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

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

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

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

	<p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Interviews</p> <p>Security Staff and Non-Security Staff First Responders/Random Sample of Staff - The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area, take down basic information, take the victim to a safe location, maintain constant supervision of the clients, and complete an incident report. Such actions would be taken immediately. When asked who they would not share the information with the responses varied from other staff and clients.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Interviews:</p> <p>Director</p>

Findings (By Provision):

115.265 (a). As reported in the PAQ, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- When a physical assault has occurred on premises all residents will be transferred to local hospital for forensic examinations.
- The policy requires that staff only reveal PREA information on a need-to-know bases. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions, specific actions are identified for the PREA Coordinator as well and described in Policy.
- The facility does not have medical or mental health staff therefore their responsibilities in the plan are not included. The criminal investigations are not included.
- The Prison Rape Elimination Act policy provides guidance to staff on staff first responder duties (p. 6).

Interviews

Director or Designee - The interviewed staff reported that the facility shall develop a written institution plan. This plan is currently being completed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

	<b>abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Union Agreement</p> <p>Interviews:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.266 (a). The agency, facility, or any other governmental entity is responsible for collective bargaining on the agency’s behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Union Agreement</li> </ul> <p>Interviews</p> <p>Agency Head - The interviewed agency head reported that the agency has not entered into any collective bargaining agreements.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.266 (b). N/A- Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on</p>

analysis, the facility is compliant with all provisions in this standard.

**115.267 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act (PREA) Policy

Memo: List of Ways to monitor for retaliation

Interviews:

Agency Head

Director or Designee

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) -

Findings (By Provision):

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act (PREA) policy provides guidance on the protection of staff and residents who report sexual abuse (p. 7).
- The agency has a system in which the staff follow up with residents who report allegations of abuse. The agency also monitors any residents closely following reports of sexual abuse. They have managers closely watch staff overseeing these residents to ensure there is no retaliation taking place. The facility informs the residents of the facility retaliation policy and notifies staff immediately if they feel they are being retaliated against. Staff can report any retaliation to the Human

Resource department, the PREA coordinator or agency leadership at any time.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

Agency Head - The interviewed agency head reported that they would take protective measures of retaliation is identified. Additionally, a list of various measures was provided.

Director or Designee/Designated Staff Member Charged with Monitor Retaliation - The interviewed staff reported that they will monitor for changes in behavior. Additionally, the director provided a list of various ways in which they would monitor for retaliation. We will document the monitoring and refer to HR if needed. Some of the measures employed include housing changes, removal of alleged staff or resident abusers from contact with victims, and emotional support for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment. Monitoring would occur for at least 90 days. Items the agency will monitor include disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency shall continue monitoring beyond 90 days if needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

monitoring beyond 90 days if the initial monitoring indicates a continuing need.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act (PREA) Policy provides guidance on the agency monitoring for retaliation (p.7).

Interviews

Director or Designee/ Designated Staff Member Charged with Monitoring Retaliation - The interviewed staff reported that if retaliation is suspected they would gather all of the facts via documentation along with reporting to the chain of command. As previously stated, staff shall monitor conduct and treatment of staff or residents. Monitoring would occur for at least 90 days. Items the agency will monitor include disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. Monitoring should occur for 90 days and beyond if needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - The interviewed staff reported that they will monitor for changes in behavior. Additionally, the director provided a list of various ways in which they would monitor for retaliation. We will document the monitoring and refer to HR if needed. Some of the measures employed include housing changes, removal of alleged staff or resident abusers from contact with victims, and emotional support for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.267 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Interviews</p> <p>Agency Head - The interviewed agency head stated that if an individual who cooperates with an allegation expresses a fear of retaliation the program staff will increase the monitoring of the resident claiming sexual abuse or harassment, and employ any other necessary measures for safety.</p> <p>Director or Designee - The interviewed staff reported that they would monitor for changes in behavior, gather all of the facts and report the information through the chain of command.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.267 (f). N/A the auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard



**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act (PREA) Policy

Investigation Report (1)

Interviews:

PREA Coordinator

Investigative Staff

Director

Findings (By Provision):

115.271 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act (PREA) Policy states that "Agency investigations will be conducted promptly and thoroughly by appropriate assigned staff" (p. 7).
- All criminal matters will be referred and investigated by local law enforcement (Waterbury PD)

Interviews

Investigative Staff - The interviewed staff stated that investigations are initiated immediately upon report of an allegation of sexual abuse or sexual harassment and are conducted promptly. All investigations are handled by the same standards. Anonymous or third-party reports follow the same protocols. When the agency conducts the investigation, they do so promptly and thoroughly. All reports are taken very seriously.

Corrective Actions:

Upon review of an administrative allegation of sexual harassment, it was found that the allegation was not thoroughly investigated and documented. Additionally, it should be noted that the facility director completed the required investigation training to ensure that the process is handled appropriately.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)
- Training Certificate (Your Roles and Responsibilities)

Interviews

Investigative Staff - The interviewed staff stated that they have completed training and would send all information to outside law enforcement.

Corrective Actions:

- The facility did not have a trained investigator. During the audit phase the director completed the specialized training (PREA: Investigating Sexual Abuse in a Confinement Setting) and Roles and Responsibilities.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

Investigative Staff - The interviewed staff stated that they are conducting an initial investigation of allegations of sexual abuse. All the information will be gathered and sent to the outside law enforcement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Investigative Report: There were no criminal related allegations during the audit period.

Interviews

Investigative Staff - The interviewed staff reported that all information and referral for prosecution would be handled by outside law enforcement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

Investigative Staff - The interviewed staff stated that all reports will be taken seriously and we would not be judgmental no matter if it's an alleged victim, suspect, or witness. Outside law enforcement would handle the portion of a polygraph examination or truth device as a condition for processing with an investigation. The Bishop House will just present what was reported to outside law enforcement.

Residents who Reported Sexual Abuse - There were no reported residents at the site

during the onsite audit who had reported sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act (PREA) Policy states that “an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident”.
- Audit Site Review: During the onsite audit process it was determined that allegations of sexual abuse or sexual harassment are maintained in the directors office.
- Sexual Harassment Investigation

Interviews

Investigative Staff - The interviewed staff reported that internal investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrator. The information would document in written reports which includes a description of the physical and testimonial fact/evidence, the reasoning behind credibility of assessments and investigate the facts and findings.

Corrective Actions:

- The auditor reviewed a sexual harassment allegation that did not meet the threshold of a thorough investigation. The auditor was notified by the facility that DOC also conducted an investigation. The auditor reached out to DOC to obtain a copy of the investigation and at this time have not received a response. The auditor will continue to monitor through the corrective action phase. Upon review it was determined that the PREA Coordinator for DOC that the allegation did not require an investigation. After discussion with the PREA Resource Center final discussion

indicated that all allegations shall be investigated. The auditor provided information to the facility to better educate them on the process of the requirement to investigate. Said information was also provided to the Department of Corrections PREA Coordinator. No additional information is required at this time.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Investigative Report: there were no identified criminal investigations reports during the audit period.

Interviews

Investigative Staff - The interviewed staff reported that all criminal investigations are documented along with having a case number. All reports would have the description of the physical rea, testimonial along with any evidence discovered, along with copies of all statements, photos, video, and anything that can prove the matter in court.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There were no reported criminal investigations.

Interviews

Investigative Staff - The interviewed staff reported that outside law enforcement would address referrals for prosecution.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Prison Rape Elimination Act policy guides the process on maintaining written reports.

Interviews

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

Investigative Staff - The interviewed staff reported that Investigations continue to have a conclusion of a substantiated or unsubstantiated allegation of sexual abuse. Substantiated allegation of conduct that appears to be criminal shall be referred for prosecution.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

Director/PREA Coordinator - The interviewed staff reported that the PREA Coordinator Director proactively communicated with any outside agency investigation into allegations of sexual abuse. Follow up with occur with the parole officer or directly with the law enforcement agency.

Investigative Staff - The interviewed staff reported that the facility would be fully compliant with an outside agency investigation. The information would be promptly reported to the higher-level supervisor along with the Parole Officer. Any assistance would be provided to the outside law enforcement agency.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis, upon review of additional information the facility is compliant with the standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act (PREA) Policy

Interviews:

Investigative Staff

Findings (By Provision):

115.272 (a). As reported in the PAQ, the agency does not impose a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act provides guidance on the administrative investigation process and the standards imposed. "The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegation of sexual abuse or sexual harassment are substantiated" (p. 9).

Interviews

Investigative Staff - The interviewed staff reported that the agency will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated.

Corrective Actions:

- The policy was updated during the post audit phase to meet compliance with the standard. No further action warranted.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on



	analysis, the facility is compliant with all provisions in this standard.
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<b>115.273 Reporting to residents</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p>Interviews:</p> <p>Director</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.273 (a). As reported in the PAQ, the agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0.</p> <p>Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act states that “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” (p. 7)</li> </ul> <p>Interviews</p>

Director or Designee - The interviewed staff reported that the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation.

Investigative Staff - The interviewed staff reported that the agency would inform the resident of the results of the investigation.

Residents who Reported a Sexual Abuse - There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There were no identified reports were an outside entity conducted an investigation on the site.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

§ The staff member is no longer posted within the resident's unit;

§ The staff member is no longer employed at the facility;

§ The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or

§ The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act states that "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted with the residents unit, or employed, or criminally charged or indicted on a charge related to sexual abuse, with sexually abuse within the facility" (p. 9).

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention provides guidance on notify and documenting notification to a resident (p. 15).

Interviews

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

provides guidance on notify and documenting notification to a resident (p. 15).

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

#### Interviews

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.273 (e). As reported in the PAQ, the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0.

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

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention provides guidance on notify and documenting notification to a resident (p. 15).
- Policy Prison Rape Elimination Act states that “All such notifications or attempted notifications shall be documented” (p. 9).

#### Interviews

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

#### Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p>Findings (By Provision):</p> <p>115.276 (a). As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act policy states that “Any staff found in violation of sexual assault/abuse or sexual harassment will be subject to disciplinary action up to including dismissal” (p. 7).</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.276 (b). As reported in the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff</p>

from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act states “Any staff found in violation of sexual assault/abuse or sexual harassment will be subject to disciplinary action up to including dismissal” (p. 7).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention provides guidance on disciplinary sanctions for staff (7).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.276 (d). As reported in the PAQ, all terminations for violations of agency sexual

	<p>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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention provides guidance on disciplinary sanctions for staff (7).</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p>Interviews:</p>

Director

Findings (By Provision):

115.277 (a).

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0.

In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act states that "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 non-criminal (p. 7).

Corrective Actions:

- N/A. There are no corrective actions for this provision.

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

115.277 (b). As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, provides guidance on the agency response to contractors or volunteers who are in violation of the PREA policy (p. 16)

Interviews



	<p>Director or Designee - The interviewed staff reported that if any volunteer or contractor was found guilty of sexual abuse or sexual harassment, they would not be allowed to enter the Bishop House along with having no contact with residents. They would also be reported to law enforcement.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15)</p> <p>Interviews:</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.278 (a). As reported in the PAQ, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p>

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15), provides guidance on the agency ability to discipline residents.
- Policy: The Prison Rape Elimination Act policy states that “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)” (p. 8).

Interviews

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There were no reported allegations that required sanctions to review.

Interviews

Director or Designee - The interviewed staff reported that residents shall be subject to disciplinary action pursuant to a formal disciplinary process following an administrative finding that the resident engaged in sexual abuse or following a criminal finding. Disciplinary action shall consider whether or not a resident's mental disability or illness contributed to the behavior.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.278 (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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There were no reported allegations that required sanctions to review.

Interviews

Director or Designee - The interviewed staff reported that residents shall be subject to disciplinary action pursuant to a formal disciplinary process following an administrative finding that the resident engaged in sexual abuse or following a criminal finding. Disciplinary action shall consider whether or not a resident's mental disability or illness contributed to the behavior.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

The facility has demonstrated compliance with this provision of the standard because:

Compliance Determination:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

(Effective 7/20/15), provides guidance on the agency ability to discipline residents (p. 16).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

- There were no reported allegations that required sanctions to review.

The facility has demonstrated compliance with this provision of the standard because:

Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15), provides guidance on the agency ability to discipline residents (pp.16-17).

Interviews

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15), provides guidance on the agency prohibition and response to sexual activity between residents.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15)</p> <p>Policy Prison Rape Elimination Act (PREA)</p> <p>Corrective Action:</p> <p>Training on Evidence Protection (May 9, 2024)</p> <p>Interviews:</p> <p>Medical and Mental Health Staff</p> <p>Security Staff and Non-Security Staff First Responders (7)</p> <p>Findings (By Provision):</p> <p>115.282 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility does not have onsite medical and mental healthcare.</p> <p>Compliance Determination:</p>

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act policy states that “Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services” (p.9).

#### Interviews

Medical and Mental Health Staff-The facility does not have medical or mental health staff.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.282 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

#### Interviews

Security Staff and Non-Security Staff First Responders - All of the direct care staff are first responders. The interviewed staff were responsible for the agency’s first responder protocol, which included how to protect the evidence, separate the involved parties, and report to supervisor/ management for further action.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.282 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act policy states that “Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services” (p. 8).

Interviews

Security Staff and Non-Security Staff First Responders – All of the direct care staff are first responders. The interviewed staff were responsible of the agencies first responder protocol, which included how to protect the evidence, separate the involved parties, and report to supervisor/ management for further action. It should be noted that the staff struggled with answering how to properly protect evidence.

Corrective Actions:

- Additional training is required for staff to have a full understanding of how to protect evidence. Additional Training for staff occurred on May 9, 2024. No further action is required.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act policy states that “victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the client” (p. 10).

Corrective Actions:

- Policy was updated to meet the requirements of the provision. No further action is needed at this time Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Findings (By Provision):</p> <p>115.283 (a). The facility does 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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act provides guidance on the agency seeking and providing medical and mental health services for victims of sexual abuse (p. 10).</li> </ul> <p>Corrective Actions:</p> <p>Policy was updated to meet the requirements of the provision. No further action needed at this time.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (b). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>Compliance Determination:</p>



The facility has demonstrated compliance with this provision of the standard because:

- There were no identified victims of sexual abuse to review information.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There were no identified victims of sexual abuse to review information.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.283 (d). NA-the facility only houses male residents.

115.283 (e). NA-the facility only houses male residents

115.283 (f). Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The agency does not provide treatment services onsite all services will be referred for offsite medical care.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act provides guidance on the agency seeking and providing medical and mental health services for victims of sexual abuse (p. 10).

Corrective Actions:

- Policy was updated to meet the requirements of the provision. No further action needed at this time

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

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

investigation arising out of the incident.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There were no identified victims of sexual abuse to review information.

Interviews:

Residents of Sexual Abuse: There were no residents of sexual abuse at the facility during the onsite audit period.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy PREA: Prison Rape Elimination Act states that “the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners (p. 10).

Corrective Actions:

- Policy was updated to meet the requirements of the provision. No further action needed at this time

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.286	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>PREA Review Report Template</p> <p>Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15)</p> <p>PREA Post Incident-Investigation Facility Review (blank)</p> <p>Interviews:</p> <p>Director</p> <p>PREA Coordinator</p> <p>Incident Review Team (2)</p> <p>Findings (By Provision):</p> <p>115.286 (a). As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act states that the “PREA Coordinator will conduct an incident review at the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated” (p. 10).</li> <li>· PREA Post Incident-Investigation Facility Review (blank)</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p>

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

115.286 (b). As reported in the PAQ, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15), provides guidance on the agency response to the incident review team and process (p. 17).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- PREA Incident Report Template
- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15), provides guidance on the agency response to the incident review team and process (p. 17).

Interviews

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15), provides guidance on the agency response to the incident review team and process (p. 17).

Interviews

Director/PREA Coordinator - The interviewed staff reported that Sexual abuse incident reviews are overseen by the PREA Coordinator. The review process specifically considers any needed changes, including: if there is a need to modify policy or practice, whether the incident/allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; an assessment of the area in the facility where the incident allegedly occurred; adequacy of staffing levels in the area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The review and recommendations are documented. Incidents are then summarized in an annual report. The reports are forward for reviewing within 30 days.

Incident Review Team - Incident Review Team - The interviewed staff reported that Incident Reviews are completed and documented 30 days following an incident or alleged incident. During each incident review, the team considers when the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. If needed, we would seek to increase more staff or more cameras to address blind spots.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

	<p>115.286 (e). The facility implements recommendations for improvement or documents its reasons for not doing so.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15), provides guidance on the agency response to the incident review team and process (p. 17).</li> <li>· PREA Incident Report Template</li> </ul> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15)</p> <p>Annual Report</p> <p>Findings (By Provision):</p> <p>115.287 (a). As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard</p>

because:

- Policy: The Prison Rape Elimination Act states that “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” (p. 8).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.287 (b). The agency shall aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Annual Report

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.287 (C). As reported in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The Prison Rape Elimination Act states that “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” (p. 8).

- Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15) provides guidance on the data collection process (p. 18).

- Annual Report (2023)

	<p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (d). The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act states that “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” (p. 8).</li> <li>· Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15) provides guidance on the data collection process (p. 18).</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (e). N/A the agency does not contract for the confinement of its residents.</p> <p>115.287 (f). N/A the DOJ has not requested agency data.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: The Prison Rape Elimination Act

Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention  
(Effective 7/20/15)

Website Bishop House (newoppinc.org)

Annual Report (2023)

Interviews:

Agency Head

PREA Coordinator

Findings (By Provision):

115.288 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Annual Report (2023)

Interviews:

Agency Head - The interviewed agency head reported that following the report of an allegation, an incident review is conducted to determine how the incident occurred and make steps to prevent the possibility of abuse or harassment happening.

PREA Coordinator - The interviewed staff reported that the PREA Coordinator issues an annual report with aggregated data for the agency and each facility in order to assess and improve the effectiveness of its sexual abuse response. The agency prepares an annual report of its finding and corrective actions for each facility as well as the agency in whole.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Annual Report (2023)

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Website Bishop House ([newoppinc.org](http://newoppinc.org))
- Annual Report (2023)

Interviews

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.288. (d). As reported in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where

	<p>publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Directive Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective 7/20/15) provides guidance on the data collection process (p. 18).</li> <li>· Policy: The Prison Rape Elimination Act states that the agency may redact specific material from the reports when publication would present a clear and specific threat to safety and security of a facility but must indicate the nature of the material redacted (p. 10).</li> </ul> <p>Interviews:</p> <p>PREA Coordinator- The interviewed staff reported that prior to making the data available on the website, all personal identifiers are removed. The agency shall redact specific material from the reports when publication would present a clear and specific threat to the safety or security of a facility but must be intricate to the nature of the material released.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p>

Pre-Audit Questionnaire (PAQ)

Policy Prison Rape Elimination Act (PREA)

Interviews:

PREA Coordinator

Findings (By Provision):

115.289 (a). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. The agency indicates the nature of material redacted.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act (PREA) states that the facility shall remove any personal identifiers prior to making the policy public (p. 10).

Interviews

PREA Coordinator - The interviewed staff reported that the PREA Coordinator issues an annual report with aggregated data for the agency and each facility in order to assess and improve the effectiveness of its sexual abuse response. Any necessary corrective action measures would be taken.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

115.289 (b). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act (PREA) provides guidance on the above by indicating that the data shall remove private (p. 10).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act (PREA) states that information will be retained for at least 10 years (p. 9).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act (PREA) provides guidance on the above (p. 9).

Corrective Actions:

N/A. There are no corrective actions for this provision.

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Agency Website</li> <li>· Facility Posting of PREA Notices</li> </ul> <p>Interview:</p> <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PREA (Prison Rape Elimination Act) Policies and Procedures</li> <li>· Notices of PREA Audit - Upload Notices Pics of Postings</li> <li>· Facility Last DOJ PREA Certified Audit Report</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>· Agency PREA Coordinator 1</li> <li>· Facility Director 1</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.401 (a)</p> <p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the</p>

agency, or a private organization on behalf of the agency, is audited at least once.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (b)

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (h)

The auditor shall have access to, and shall observe, all areas of the audited facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor paused to speak to a resident or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.
- During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with

phone numbers to call to report any concern or condition), notices advising resident that female staff routinely work in the facility, locations of showers and privacy issues, bathrooms, medical/grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorm/bed rooms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of resident, accessibility to telephones and instructions for using the phones to report sexual abuse, main control room, dayroom, and residential housing area.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (i)

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor provided the facility to the agency/facility with a documentation checklist. The checklist is organized by standards to help the facility through the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.
- The PREA coordinator and the facility provided the auditor with all relevant documents as requested.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (m). The auditor shall be permitted to conduct private interviews with residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the onsite audit period, the auditor was able to conduct interviews in a private office that was not monitored by video or staff surveillance.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (n) Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating



	<p>with legal counsel.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· The auditor reached out to the following organizations: <ul style="list-style-type: none"> <li>o Just Detention International (JDI)</li> <li>o National Sexual Violence Resource Center (NSVRC)</li> <li>o Safe Haven</li> </ul> </li> </ul> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· N/A. There are no corrective actions for this provision.</li> </ul> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <p>115.403 (a). The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.</p> <p>Documentation Review:</p> <ul style="list-style-type: none"> <li>· A list of all of the agency’s facility and agency audit reports completed 90 days prior to the audit within the appropriate review period, and web links to each of these reports or any other evidence that these reports have been provided publicly if the agency does not have a website.</li> <li>· Website Bishop House (newoppinc.org)</li> </ul>

· Confirmation upon review of the website and informal discussion with the facility director.

Overall findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

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



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

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

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

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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes



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

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

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

	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

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

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes



	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

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

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



	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

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

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes



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

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

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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes