

PREA Facility Audit Report: Final

Name of Facility: Adolescent Male Intermediate Residential Program

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/09/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Elaine Brideschge	Date of Signature: 12/09/2021

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	10/27/2021
End Date of On-Site Audit:	10/27/2021

FACILITY INFORMATION	
Facility name:	Adolescent Male Intermediate Residential Program
Facility physical address:	550 Goshen Rd, Litchfield, Connecticut - 06759
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Sara Fador
Email Address:	sfador@cjyouth.org
Telephone Number:	860 567 9423 ex 279

Superintendent/Director/Administrator	
Name:	Sara Fador
Email Address:	sfador@cjyouth.org
Telephone Number:	860 567 9423 ex 279

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

Facility Characteristics	
Designed facility capacity:	8
Current population of facility:	5
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	13-17 years old
Facility security levels/resident custody levels:	Staff Secure Facility
Number of staff currently employed at the facility who may have contact with residents:	17
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Connecticut Junior Republic
Governing authority or parent agency (if applicable):	
Physical Address:	
Mailing Address:	550 Goshen Road, PO Box 161, Litchfield, Connecticut - 06759
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Christine Jaffer	Email Address:	cjaffer@cjyouth.org
--------------	------------------	-----------------------	---------------------

SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

4	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring • 115.316 - Residents with disabilities and residents who are limited English proficient • 115.333 - Resident education • 115.351 - Resident reporting
---	--

Number of standards met:

39

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:	2021-10-27
2. End date of the onsite portion of the audit:	2021-10-27

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:	Susan B. Anthony Project

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	8
15. Average daily population for the past 12 months:	5
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	6
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:	0
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:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	11
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:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	6
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	At time of audit six residents were detained. All residents were interviewed.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	At time of audit six residents were detained. All residents were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	At time of audit six residents were detained. All residents were interviewed.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the residents and facility leadership confirm that there were no residents detained who meet the targeted criteria.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the residents and facility leadership confirm that there were no residents detained who meet the targeted criteria.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the residents and facility leadership confirm that there were no residents detained who meet the targeted criteria.</p>

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

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

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the residents and facility leadership confirm that there were no residents detained who meet the targeted criteria.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

Yes

No

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

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?

Yes

No

86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?

Yes

No

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

Yes

No

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

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

No text provided.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
--	---

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no allegations or investigations conducted at this facility.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
--	--

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
--	--

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
---	----------

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
---	---

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
---	---

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
---	--------------------------

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

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

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>The agency employs an agency wide PREA coordinator. The PREA coordinator position is in the upper level of the agency hierarchy. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>The agency operates more than one facility, with each facility having a designated PREA compliance manager. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Agency Org Chart</p> <p>AMIR Program Org Chart</p> <p>Interview with the PREA coordinator determined that the PREA coordinator feels that she has enough time to manage all of her PREA related responsibilities. There are four facilities with three compliance managers. When an issue with complying with a PREA standard is identified, the PREA coordinator will meet with the compliance manager to develop an action plan. The plan will be reviewed until compliance is met.</p> <p>Interview with the PREA compliance manager revealed that she has enough time to manage all of her PREA related responsibilities.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency does not contract with private agencies or other entities for the confinement of residents. This was verified through an interview with the agency head. In a review of the agency's website and program description, there is no evidence to suggest otherwise.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>The agency complies with the staffing plan except during limited and discrete exigent circumstances, and fully documents deviations from the plan during such circumstances.</p> <p>Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. Only security staff are included in these ratios.</p> <p>Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator, the agency assesses, determines, and documents whether adjustments are needed to: (1) The staffing plan; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.</p> <p>Each secure facility implements a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice are implemented for night shifts as well as day shifts. Each secure facility has a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>AMIR Staff Schedule</p> <p>AMIR Original Staffing</p> <p>AMIR Staff Modifications</p> <p>AMIR Position Justification</p> <p>Supervision of Clients Policy</p> <p>Year-end Review 2018-2019</p> <p>Year-end Review 2019-2020</p> <p>Year-end Review 2020-2021</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>AMIR Unannounced Rounds for years 2018 2019 2020 2021</p> <p>Review of video monitoring system</p> <p>Interview with superintendent determined that the facility continually develops a staffing plan and that the plan includes adequate staffing levels to protect residents against sexual abuse, in which the plan includes video monitoring and is documented. When assessing adequate staffing levels and the need for video monitoring, the facility staffing plan considers (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards;</p>

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The staffing plan is monitored daily and officially reviewed once a year. The facility has been able to comply with staffing plan without deviations. The facility is obligated by law to comply with the staffing plan.

Interview with PREA compliance manager revealed that when assessing adequate staffing levels and the need for video monitoring, the facility staffing plan considers (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

Interview with PREA coordinator stated that the PREA coordinator develops the staffing plan and reviews it annually.

Interview with intermediate or higher-level facility staff reveal that shift supervisors conduct the unannounced rounds. Rounds are conducted on each shift daily. Rounds are documented and conducted randomly to prevent staff from alerting other staff.

During the site review the auditor was able to ask questions to staff to determine that unannounced rounds were conducted.

Based on a thorough analysis of evidence, the auditor finds the facility exceeds compliance with this standard due to the thoroughness of the staffing plan, quality of the year-end reviews, and the quality, quantity, and placement of cameras.

115.315	<p>Limits to cross-gender viewing and searches</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) under any circumstance. The agency does not conduct cross-gender pat-down searches under any circumstance. The facility implements policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined 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. This is a male-only facility with male and female staff. Male staff can only search a resident while females are prohibited.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p>AMIR Searches and Pat-Down Policy</p> <p>Supervision of Clients Policy</p> <p>Screening, Intake, and Room Assignment Policy</p> <p>Interview with non-medical staff state that cross gender searches are prohibited.</p> <p>Interview with random staff indicate that the agency has a policy prohibiting staff of the opposite gender to conduct any type of searches of male residents under no circumstance. Staff are aware that they cannot search a transgender or intersex resident for the sole purpose of determining the resident's genital status. All staff stated that staff announce themselves when entering a housing area and that residents are able to dress, shower, and use the toilet without being viewed by staff.</p> <p>Interview with residents reveal that staff of the opposite gender announce their presence when entering a housing area or any area where residents shower, change clothes, or use the toilet. Residents confirmed that staff of the opposite gender has not performed a search of their body. Residents also stated that they have not been naked in full view of female staff.</p> <p>At time of audit, there were no transgender/intersex residents to interview.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>
---------	---

115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The agency shall take appropriate steps to ensure that residents with 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, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.</p> <p>The agency takes 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p>The agency does not rely on resident interpreters, resident readers, or other types of resident assistants under any circumstances.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Client Inclusion Policy</p> <p>Client Handbook</p> <p>PREA Client sign off form</p> <p>Screening and Intake and Room Assignment Policy</p> <p>Sexual Assault - English and Spanish</p> <p>Sexual Assault and Harassment Policy</p> <p>PREA Video</p> <p>Client Education in Spanish</p> <p>Language Line information</p> <p>LEP Plan</p> <p>LEP Policy</p> <p>Interview with agency head that all materials are in English and in Spanish languages. Bilingual staff and contracted language line services are utilized for translation. Residents with limited English are able to watch a PREA video. Materials are written in youth grade level that are easy to read and understand. Residents are never used to translate to other residents.</p> <p>At time of audit, there were not any residents with disabilities or who are limited English proficient to interview.</p> <p>Interview with random staff revealed that resident readers, resident interpreters, or resident assistants are not utilized in the facility. Staff interpret or they can use the language line service agency.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to exceed compliance with this standard due to the abundance of PREA education and resource materials in English and Spanish were observed during the site review.</p>

115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency does not hire or promote anyone who may have contact with residents, and shall not enlist 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.</p> <p>The agency considers 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.</p> <p>Before hiring new employees who may have contact with residents, the agency: (1) Performs a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.</p> <p>The agency also performs a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.</p> <p>The agency conducts criminal background records checks every five years of current employees and contractors who may have contact with residents.</p> <p>The agency also asks all applicants and employees who may have contact with residents directly about previous misconduct 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 also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, is grounds for termination. The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Second Interview Questions</p> <p>Background Checks-Verification Policy</p> <p>Promotion Policy</p> <p>Verification of Employment Policy</p> <p>Employee Separation Policy</p> <p>Review of personnel files hired or promoted in the past 12 months confirmed that background checks and child abuse registry checks were performed.</p> <p>Review of staff files confirmed that background checks at 5-year intervals were conducted.</p> <p>There were no contractor files to be reviewed at time of audit.</p> <p>Interview with human resources staff indicate that the facility performs criminal record background checks for all newly hired employees. The facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of a contractor. Before hiring new employees or contractors, the facility consults the child abuse registry maintained by the State. Background checks are conducted on current employees every five years. The facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. When a former employee applies for work at another institution, upon request, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The facility has not made any substantial expansion or modification. The facility has installed or updated video monitoring equipment. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The agency considers the effect of the design upon the agency's ability to protect residents from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>AMIR Camera memo</p> <p>Jan through Mar 2021 document</p> <p>Interviews with the superintendent and the agency head confirmed that the agency gets architects involved with sight lines, cameras, and security measures. Mirrors are placed to alleviate blind spots. Bathrooms are private, accessible, and safe.</p> <p>Site review of facility design was conducted by the auditor. Video monitoring system was checked, and no blind spots were observed.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations. Administrative investigations are conducted by the Connecticut Department of Children and Families (DCF). Criminal sexual abuse investigations are conducted by the Connecticut State Police.</p> <p>The facility offers all residents who experienced sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. When SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency documents its efforts to provide SAFEs or SANEs at local Charlotte Hungerford hospital.</p> <p>The agency makes available to the victim a victim advocate from a rape crisis center, Susan B Anthony Project through a memorandum of understanding (MOU). As requested by the victim, the victim advocate with Susan B. Anthony Project will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.</p> <p>To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of this standard. This is outlined in the State Police Investigation Guidelines.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Medical/Mental Health Screen - Access to Treatment for Sexual Abuse Victims Policy</p> <p>Review of SAFE-SANE Services</p> <p>Free Medical Exams statement</p> <p>MOU CJR Susan B. Anthony Project</p> <p>Updated MOU CJR Susan B. Anthony Project</p> <p>Training documentation and resumes for qualified staff members to provide victim advocacy services.</p> <p>Coordinated Facility Plan for PREA Allegations - AMIR</p> <p>State Police Investigation Guidelines</p> <p>Interviews with random staff determined that staff know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Staff understand who is responsible for conducting sexual abuse investigations.</p> <p>A review of the local hospital website indicate that they are responsible for conducting all forensic medical examinations for the community. The hospitals employ SAFE/SANE professionals to conduct all forensic medical examinations.</p> <p>Interview with PREA compliance manager determined that they have a memorandum of understanding (MOU) with Susan B. Anthony to provide a victim advocate to accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. MOU with is reviewed on a regular basis.</p> <p>At time of audit, there were no residents who reported a sexual abuse to interview.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Zero allegations have been received in the past twelve months. The agency has in place a policy to ensure that allegations of sexual abuse and/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. The agency has a process to document all such referrals.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>State Police Investigation Guidelines</p> <p>Interview with the agency head confirms that the Connecticut State Police are responsible for conducting all criminal investigations and that the Connecticut Department of Children and Families (DCF) are responsible for conducting all administrative investigations. Agency policy requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with legal authority to conduct criminal investigations.</p> <p>Interview with DCF Careline revealed that DCF has a special investigations unit and works closely with the CT State Police. By CT Law, State Police must report to DCF immediately upon receipt of any oral report of neglect or abuse. Should DCF receive the report, they must report to State Police within 12 hours of allegation.</p> <p>Review of agency website verified that the Sexual Assault and Harassment Prevention Policy is available to the public.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency trains all employees who may have contact with residents on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment. (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. (3) Residents' right to be free from sexual abuse and sexual harassment. (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities. (6) The common reactions of juvenile victims of sexual abuse and sexual harassment. (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. (8) How to avoid inappropriate relationships with residents. (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. (11) Relevant laws regarding the applicable age of consent. <p>Training is tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the facility. CJR only provides residential programming for male youth.</p> <p>All current employees receive training upon hire and every two years thereafter to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies. Refresher trainings are held during staff meetings. The agency documents, through employee signature, that employees understand the training they have received.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Day 6 PET Residential Services Track</p> <p>Employee Orientation</p> <p>PREA Training updated 2020</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Coordinated Facility Plan for PREA Allegations - AMIR</p> <p>2020 AMIR staff meeting notes</p> <p>2019 AMIR meeting minutes</p> <p>PREA Staff Signature Pages</p> <p>PREA Training 2021</p> <p>Interviews with random staff confirm that PREA training was received at time of hire in all eleven areas and refresher training is provided every two years, with PREA information given at each staff meeting.</p> <p>Review of staff training records verify that staff sign a form signifying comprehension of the PREA training received.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The facility does not have any volunteers or contractors.</p> <p data-bbox="229 318 1509 577">Staff stated that if the facility were to have volunteers or contractors they would be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors would be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who would have contact with residents would be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency would maintain documentation confirming that volunteers and contractors understand the training they have received through a PREA signature form.</p> <p data-bbox="229 577 1509 640">This standard was verified by the auditor by a review of policy and supporting documentation and site review observations.</p> <p data-bbox="229 640 1509 703">PREA Training updated 2020</p> <p data-bbox="229 703 1509 766">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="229 766 1509 828">PREA Signature Page</p> <p data-bbox="229 828 1509 891">At time of audit, the facility did not have any volunteers or contractors to interview.</p> <p data-bbox="229 891 1509 954">At time of audit, there were no current or previous volunteer or contractor training records to be reviewed.</p> <p data-bbox="229 954 1509 972">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>During the intake process, residents received information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 10 days of intake, the agency provided comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. CJR does not accept transfers. Even if youth came from another CJR facility, it would be considered a new admission.</p> <p>The agency provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of resident participation in these education sessions. The agency ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>The PREA coordinator and the compliance manager have received specialized training in conducting sexual abuse investigations, even though they do not conduct criminal sexual abuse investigations.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Client Education in English</p> <p>Client Education in Spanish</p> <p>Client Handbook</p> <p>PREA Client sign off forms</p> <p>Screening and Intake and Room Assignment Policy</p> <p>Sexual Assault - English and Spanish</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>PREA Video</p> <p>Client Inclusion Policy</p> <p>Language Line information</p> <p>Interviews with intake staff revealed that residents are provided with education on the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at time of intake. A PREA packet is completed during the intake process and the resident signs an acknowledgement form at that time. Residents are educated regarding their right 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 at time of intake.</p> <p>Interviews with residents reported that when they first arrived at the facility at time of intake, they were told about their right to not be sexually abused or sexually harassed; how to report an incident; and their right not to be punished for reporting sexual abuse or sexual harassment. Residents also stated that they received information about the facility's rules against sexual abuse and sexual harassment and that there are posters containing PREA education in the housing area. CJR does not conduct sexual abuse investigations.</p> <p>Review of intake records of residents entering the facility in the last 12 months corroborates that those residents received PREA information at intake via resident signatures and that PREA education was provided within 10 days of intake.</p> <p>During the site review, the auditor observed numerous posters throughout each building, and multiples within in building. Residents were aware of the posters.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to have exceeded this standard based on the amount of PREA education given to the residents and the retention of PREA information that the residents demonstrated through interview.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 215 453 237">Auditor Discussion</p> <p data-bbox="244 275 1485 365">CJR only conducts investigations on minor or low-level complaints. The agency maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. Sexual abuse investigations are conducted by the Connecticut State Police.</p> <p data-bbox="244 398 1434 421">This standard was verified by the auditor by a review of policy and supporting documentation and interviews conducted.</p> <p data-bbox="244 454 676 477">Investigations Training - PREA Coordinator</p> <p data-bbox="244 510 772 533">Investigations Training - PREA Compliance Manager</p> <p data-bbox="244 566 746 589">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="244 622 1493 790">Interview with Connecticut State Police confirm that investigators receive special training in conducting sexual abuse investigations in confinement settings to include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. State Police confirms that training records are maintained by their department.</p> <p data-bbox="244 824 1331 846">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.335	<p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment. (2) How to preserve physical evidence of sexual abuse. (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>Medical staff at the facility do not conduct forensic examinations. Such examinations are conducted at Charlotte Hungerford hospital by trained SAFE/SANE medical practitioners. The agency maintains documentation that medical and mental health practitioners have received the training. Medical and mental health care practitioners also receive the training mandated for employees.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Employee Orientation Policy</p> <p>Residential Services Track Day 6 PREA</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Medical training certificates</p> <p>Interviews with medical and mental health staff suggested that they do not conduct forensic examinations. They have received other specialized training regarding sexual abuse and sexual harassment. Staff stated that they attend PREA training annually alongside facility staff.</p> <p>Reviewed training records of medical and mental health staff verified that they received the full PREA employee training.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>
---------	---

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency obtains and uses information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Such assessments are conducted using an objective screening instrument.</p> <p>At a minimum, the agency ascertains information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The residents own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.</p> <p>The agency implements appropriate controls on the dissemination within the facility of the completed risk screening in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Screening and Intake and Room Assignment Policy</p> <p>PREA Classification Screen</p> <p>Validation of Screening Tool</p> <p>Interviews with staff responsible for risk screening verified that residents are screened upon admission to the facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. Residents are screened on the first day of admission and no later than 72 hours of their intake. The risk screening considers all eleven criteria using a standardized checklist that is administered verbally through interview. Other documentation is reviewed as well. Risk levels are reassessed every 30 days.</p> <p>Interviews with residents confirm that they received at time of intake a PREA risk screening. All residents could recall specific questions asked.</p> <p>Interviews with the staff responsible for risk screening, PREA coordinator and compliance manager indicates that the agency has outlined who can have access to a resident's risk assessment within the facility in order to protect sensitive information from being exploited. Those staff with access are the intake staff, medical and mental health staff, and managers only. Files are maintained in the clinical office.</p> <p>The auditor was not able to observe an intake during the site review observation, however, was able to view the area the risk assessment screening occurs and the locked files where they are maintained.</p> <p>File reviews of resident's risk screenings verified that all residents have received appropriate screening within 72 hours of intake.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.342	Placement of residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1453 331">The agency uses all information obtained to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Isolation is prohibited in the facility.</p> <p data-bbox="242 362 1493 689">Lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. In deciding whether to assign a transgender or intersex resident to a facility for residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems. CJR is a male only facility. Placement and programming assignments for each transgender or intersex resident will be reassessed every 30 days to review any threats to safety experienced by the resident. A transgender or intersex resident's own view with respect to his or her own safety will be given serious consideration. Transgender and intersex residents will be given the opportunity to shower separately from other residents. All showers are individual use only.</p> <p data-bbox="242 721 592 750">Isolation is prohibited in the facility.</p> <p data-bbox="242 781 1484 842">This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p data-bbox="242 873 497 902">How Decisions Are Made</p> <p data-bbox="242 934 437 963">Isolation Prohibited</p> <p data-bbox="242 994 759 1023">Screening and Intake and Room Assignment Policy</p> <p data-bbox="242 1055 1489 1238">Interviews with PREA compliance manager and staff responsible for risk screening confirmed that the facility uses the information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. Residents can be placed in a single room. Transgender and intersex residents' views of the safety are given serious consideration in placement and programming assignments. All residents are able to shower and use the toilet separately and privately. Follow up meetings with mental health are provided to any resident in which the screening indicates that the resident has experienced prior sexual victimization.</p> <p data-bbox="242 1270 1497 1330">Interviews with the superintendent and medical and mental health staff support that isolation is prohibited and has never been used in this facility.</p> <p data-bbox="242 1361 1437 1456">Interviews with the PREA coordinator and compliance manager acknowledge that special housing units for lesbian, gay, bisexual, transgender or intersex residents are not available and not used. Housing and programming assignments for transgender or intersex residents are made on a case-by-case basis.</p> <p data-bbox="242 1487 1458 1547">During the site review the auditor toured the living units. Showers and toilets are individual use with privacy doors/curtains and are monitored by staff.</p> <p data-bbox="242 1579 1430 1608">At time of audit, the facility did not have any residents who identified as transgender, intersex, gay, lesbian, or bisexual.</p> <p data-bbox="242 1639 1283 1668">The audit reviewed resident files and was able to review documentation of risk-based housing decisions.</p> <p data-bbox="242 1700 1329 1729">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.351	Resident reporting
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The agency also provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency 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.</p> <p>CJR does not hold residents for civil immigration purposes.</p> <p>Staff accept reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports on an incident form. The facility provides residents with access to tools necessary to make a written report. The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. Staff are required to report directly to DCF.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Client Rights Policy</p> <p>Client Handbook</p> <p>Grievance Policy</p> <p>Grievance Form</p> <p>MOU CJR Susan B. Anthony Project</p> <p>Sexual Assault and Harassment Policy</p> <p>Employee Orientation</p> <p>Mandated Reporting Policy</p> <p>Interviews with the PREA compliance manager, random staff and residents confirm that they are aware of the multiple ways to report sexual abuse or sexual harassment. Residents understand that that they can write a grievance, tell a staff, call a hotline agency, or have a parent, probation officer, etc. make the report for them. Staff and residents acknowledge that a report can be anonymous.</p> <p>Interview with random staff verify that staff understand that they can privately report and allegation to DCF and they also understand that they are mandated reporters.</p> <p>At time of audit there were no residents who reported a sexual abuse to interview.</p> <p>During a site review the auditor observed mounted and secured grievance boxes, grievance forms, pencils, posters, phones for resident access, and hotline numbers for Susan B. Anthony posted throughout the entire facility.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility exceeds compliance with this standard due to the large variety of reporting mechanisms in place for residents to make a report.</p>

115.352	Exhaustion of administrative remedies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 465">The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. The agency ensures that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="242 497 1493 723">The agency will 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 will not include time consumed by residents in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency will notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p data-bbox="242 754 1493 1048">Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility requires as a condition of processing the request that the alleged victim agree to have the request filed on his behalf, and also requires the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his behalf, the agency documents the residents decision. A parent or legal guardian of a resident is allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such resident. Such a grievance will not be conditioned upon the resident agreeing to have the request filed on his behalf.</p> <p data-bbox="242 1079 1493 1373">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. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. The initial response and final agency decision will document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p data-bbox="242 1404 1493 1464">This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p data-bbox="242 1496 427 1525">Grievances Policy</p> <p data-bbox="242 1556 443 1585">Resident Handbook</p> <p data-bbox="242 1617 746 1646">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="242 1677 1318 1706">At time of audit, there were no grievances, third party grievances, or emergency grievances made to review.</p> <p data-bbox="242 1738 1072 1767">At time of audit, there were no residents who reported a sexual assault to interview.</p> <p data-bbox="242 1798 1493 1859">During the site review, the auditor observed mounted grievances boxes located throughout the facility with appropriate writing materials nearby.</p> <p data-bbox="242 1890 1329 1919">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility informs 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.</p> <p>The agency has a memorandum of understanding with Susan B. Anthony Project, a community service provider that are able to provide residents with confidential emotional support services related to sexual abuse. The agency maintains a copy of agreement which is reviewed on a regular basis.</p> <p>The facility also provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>CJR does not detain residents for civil immigration purposes.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Coordinated Facility Plan for PREA Allegations - AMIR</p> <p>MOU Susan B. Anthony Project</p> <p>Updated MOU Susan B. Anthony Project</p> <p>Client Education - English</p> <p>Client Education - Spanish</p> <p>Client Handbook</p> <p>Sexual Assault - English and Spanish</p> <p>PREA Video</p> <p>Clients Rights Sign Off form</p> <p>Client Rights Policy</p> <p>Interviews with residents revealed that they are aware of available services for dealing with sexual abuse and that these services provide victim advocacy and emotional support services. Residents are aware of the posters in the facility that provides a hotline number for them to call. They are also aware of how to use the phone to make a call to the hotline. The majority of the residents stated that the call would be confidential and private.</p> <p>Interviews with the superintendent, PREA compliance manager, and residents all confirm that the facility allows the residents to see and talk to their attorney privately and that the facility will allow residents to see and talk with their parents or guardians.</p> <p>At time of audit there were no residents who reported a sexual abuse to interview.</p> <p>During the site review, the auditor observed victim advocacy posters, crisis hotline numbers, and phones available for residents to use.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1493 360">The agency has established a method to receive third-party reports of sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment on behalf of a resident. This information has been made publicly on the agency's website.</p> <p data-bbox="244 394 1465 421">This standard was verified by the auditor by a review of policy and supporting documentation and site review observations.</p> <p data-bbox="244 454 695 481">Website Link document with excerpt of policy</p> <p data-bbox="244 515 1461 573">The auditor reviewed the agency's website and was able to locate the PREA policies and procedures to include third party reporting.</p> <p data-bbox="244 607 1329 633">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 533">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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency also requires all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="240 568 1485 658">Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.</p> <p data-bbox="240 694 1485 882">Upon receiving any allegation of sexual abuse, the facility head or designee promptly reports the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report is made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains authority over the alleged victim, the facility head or designee will also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.</p> <p data-bbox="240 918 1453 972">The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p data-bbox="240 1008 1437 1034">This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p data-bbox="240 1070 743 1097">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="240 1133 560 1160">Child Abuse and Neglect Policy</p> <p data-bbox="240 1196 1414 1223">Interviews random staff confirmed that staff have been trained on all applicable mandatory child abuse reporting laws.</p> <p data-bbox="240 1258 1485 1348">Interviews with medical and mental health staff revealed that at the initiation of services to a resident, medical and mental health staff disclose the limitations of confidentiality and their duty to report. Staff are mandated reporters. To date, staff have not had to report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment to a designated supervisor as they have not received such a report.</p> <p data-bbox="240 1384 1485 1473">Interviews with PREA compliance manager, and the superintendent confirmed that when the facility receives an allegation of sexual abuse, the allegation is reported to the appropriate reporting agencies, parent, or legal guardian or DCF caseworker, and the resident's attorney.</p> <p data-bbox="240 1509 1485 1572">Interview with the superintendent supported that all allegations of sexual abuse and sexual harassment, including those from third party and anonymous sources, are reported directly to designated investigators.</p> <p data-bbox="240 1608 1190 1635">At time of audit, there were no reports to review of sexual abuse allegations made by residents.</p> <p data-bbox="240 1671 1326 1697">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p data-bbox="229 353 1509 389">This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p data-bbox="229 389 1509 425">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="229 425 1509 542">Interviews with agency head, superintendent and random staff corroborate those immediate protective actions, such as, increased supervision, risk assessment rescreen, relocating to a single room, are taken immediately.</p> <p data-bbox="229 542 1509 609">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1477 465">Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and will also notify the appropriate investigative agency. Such notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency will document that it has provided such notification. The facility head or agency office that receives such notification will ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="240 499 1442 526">This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p data-bbox="240 557 895 584">Notifications to other Facilities of Sexual Abuse Allegations Policy</p> <p data-bbox="240 616 1485 707">Interviews with agency head and superintendent confirmed that the PREA coordinator and the agency's CEO are notified when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred within their facility. An investigation would begin immediately. To date, this has not occurred.</p> <p data-bbox="240 739 1490 799">At time of audit, the facility has not received any reports, therefore the facility did not have any documentation of notifications, documentation of allegations from other facilities, and documentation of responses to review.</p> <p data-bbox="240 831 1331 857">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.364	<p>Staff first responder duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.</p> <p>If the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Coordinated Facility Plan for PREA Allegations - AMIR</p> <p>Interviews with first responders (security staff) and random staff confirmed that upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.</p> <p>Interviews with non-security first responders verified that they are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>At time of audit, there were no residents who reported a sexual abuse to interview.</p> <p>At time of audit, there was not any documentation of responses to allegations to review as this has not occurred within this facility.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>
---------	--

115.365	Coordinated response
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1433 331">The facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="244 362 1441 389">This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p data-bbox="244 421 954 448">Coordinated Facility Plan for PREA Allegations - AMIR institutional plan</p> <p data-bbox="244 479 1481 537">Interview with superintendent validated that a response plan specific to this facility is developed and that it contains tasks for each assigned staff member, and tracks the date completed and any other pertinent information.</p> <p data-bbox="244 568 1329 595">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 820 297">CJR does not have any collective bargaining agreements.</p> <p data-bbox="244 331 1485 389">This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p data-bbox="244 423 1442 450">Interview with agency head confirms that the agency, nor this facility has entered into a collective bargaining agreement.</p> <p data-bbox="244 483 1418 510">The auditor reviewed the agency website and did not find any information regarding collective bargaining agreements.</p> <p data-bbox="244 544 1331 571">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.367	<p>Agency protection against retaliation</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency has 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 and has designated which staff members are charged with monitoring retaliation. Shift supervisors are designated staff members charged with monitoring retaliation.</p> <p>The agency employs multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>For at least 90 days following a report of sexual abuse, the agency will monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency will monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring will also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will respond appropriately to protect that individual against retaliation. The agency's obligation to monitor will terminate if the agency determines that the allegation is unfounded.</p> <p>The facility prohibits the use of isolation.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Interviews with agency head, superintendent, and designated staff members charged with monitoring retaliation confirmed that protective 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 would be implemented. Monitoring of retaliation would continue for a minimum of 90 days, and longer if there is a need.</p> <p>At time of audit, there were no residents who reported a sexual abuse to interview.</p> <p>At time of audit, there were no reports of sexual abuse made, therefore there was not any documentation of monitoring efforts, documentation of reports of retaliation and agency response, or documentation of protective measures taken to review.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>
---------	--

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CJR does not use isolation for any reason.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Isolation Prohibited document</p> <p>Interviews with superintendent and medical and mental health staff indicate that the facility does not utilize isolation of residents for any reason and that it is prohibited within the agency.</p> <p>During the site review, the auditor did not observe isolation areas or isolation rooms.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1474 398">Administrative sexual abuse investigations are referred to by the facility and conducted by the Connecticut Department of Children and Families (DCF). Criminal sexual abuse investigations are referred to by the facility and conducted by Connecticut State Police. To date, the facility has not had any cases of sexual abuse or sexual harassment that required an investigation.</p> <p data-bbox="240 430 1485 622">Investigations into allegations of sexual abuse and sexual harassment are completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agencies use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="240 654 1474 880">The agencies do not terminate an investigation solely because the source of the allegation recants the allegation. When the quality of evidence appears to support criminal prosecution, the investigative agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency will 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.</p> <p data-bbox="240 911 1485 1173">Administrative investigations will include an effort to determine whether staff actions or failures to act contributed to the abuse; and 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. Criminal investigations will 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. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p data-bbox="240 1205 1469 1263">The agency will retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.</p> <p data-bbox="240 1294 1469 1422">When outside agencies investigate sexual abuse, the facility will cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA coordinator and the PREA compliance manager would be the point of contacts for the investigative agencies and responsible for the ongoing communication and collection of reports and information.</p> <p data-bbox="240 1453 1485 1512">This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p data-bbox="240 1543 746 1570">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="240 1601 582 1628">Retention of Case Records Policy</p> <p data-bbox="240 1659 1485 1986">An interview was conducted with the Director at DCF Careline. DCF conducts all administrative sexual abuse investigations for the facility and works in conjunction with the CT State Police in criminal cases. The Careline is open 24 hrs./7 days a week and staffed by full-time, highly skilled professionals who are available to answer questions and gather critical information from callers to determine if a report meets Connecticut's statutory criteria for child abuse or neglect. Reports that meet the criteria are forwarded to a DCF case investigator for prompt and appropriate action. Current law requires that DCF make its best effort to begin an investigation within two hours if there is imminent risk of physical harm and within 72 hours for other reports. In situations where it has been determined that an investigation is not warranted, the Careline worker may refer the caller to an appropriate service program in his/her community. If child abuse or neglect is substantiated, a case may be opened by the Department for protective services provided by staff from the DCF Regional Office or sub-office covering the child's hometown.</p> <p data-bbox="240 2018 1493 2145">The Careline also provides evening, weekend, and holiday investigation responses to immediate situations concerning abuse and neglect of children. In addition, the Special Investigation Unit investigates reports of abuse and neglect of children in residential care facilities. Careline staff is available to provide information to the community and professionals. The Careline is also available to employers in need of child protective services background checks.</p>

The Department has a single point of contact statewide for the reporting of suspected child abuse and neglect. The Child Abuse and Neglect Careline operates 24 hours a day and seven days a week. Anyone who suspects that a child has been abused or neglected or is in danger of abuse or neglect is strongly encouraged to call the Careline. DCF is required to tape record all reports to the Careline. Reporters must report orally to the Department of Children and Families (DCF) Careline or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected and must submit a written report (DCF-136 form) to DCF within 48 hours of making the oral report. Special reporting requirements may apply for staff members of a public or private institution or facility that cares for such child, or a public or private school.

Connecticut State Police must report to DCF immediately upon receipt of any oral report of abuse or neglect. Upon receipt of any oral report alleging sexual abuse or serious physical abuse or serious neglect, DCF must report to the appropriate state or local law enforcement agency within 12 hours.

DCF is responsible for immediately evaluating and classifying all reports of suspected abuse/ neglect/imminent risk. If the report contains information to warrant an investigation, DCF must make its best effort to begin an investigation within two hours if there is an imminent risk of physical harm to a child or another emergency; and within three days for all other reports. In all cases, DCF must complete the investigation in forty-five calendar days.

When conducting a child abuse or neglect investigation, DCF or a law enforcement agency must coordinate activities to minimize the number of interviews with any child. DCF must obtain consent from the parent, guardian, or person responsible for the child's care for any interview, unless DCF has reason to believe such person, or a member of the child's household is the alleged perpetrator. When such consent is not required, the interview must be conducted in the presence of a 'disinterested adult' (typically, a person who is impartial and has no self-interest in the case). If a disinterested adult is not available after reasonable search and immediate access is necessary to protect the child from imminent risk of serious harm, DCF or a law enforcement agency will still interview the child.

If, after the investigation has been completed, serious physical abuse or sexual abuse is substantiated, DCF must notify the local police, and either the Chief State's Attorney/designee or a state's attorney in the judicial district where the child lives or in which the abuse occurred. A copy of the investigation report must also be sent.

Mandated reporters are required to give their name when they make a report to DCF, however, reporters may request anonymity to protect their privacy. This means that DCF would not disclose their name or identity unless mandated to do so by law (Connecticut General Statutes, Sections 17a-28 and 17a-101). Unless a reporter gives written consent, his or her name will not be disclosed except to a DCF employee; a law enforcement officer; an appropriate state's attorney; an appropriate assistant attorney general; a judge and all necessary parties in a court proceeding; or a state childcare licensing agency, executive director of any institution, school or facility or superintendent of schools.

Interviews with superintendent, PREA coordinator, and PREA compliance manager corroborated that the facility remains informed of the progress of sexual abuse investigations through email and regular phone calls with the investigative agencies. DCF will send a report at the conclusion of the investigation to the PREA coordinator.

At time of audit, there were no residents who reported a sexual abuse to interview.

To date, the facility has not had any allegations of sexual abuse or sexual harassment made to warrant an investigation. Therefore, the auditor was unable to review investigative records/reports/case records for allegations of sexual abuse or sexual harassment, including older reports.

Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The investigative agencies, CT Department of Children and Families (DCF) and CT State Police imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p>CT Definition of Sexual Assault</p> <p>Excerpt from State Police Investigations Guidelines</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Interviews with both investigative agencies corroborated that the agencies impose a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.373	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The agency requests relevant information from the investigative entities in order to inform the resident of the outcome of the investigation.</p> <p>Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>The agency has a policy that all notifications to residents described under this standard are documented. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Interviews with superintendent and investigative agencies confirm that each entity to include the facility would notify the resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The facility has not had any investigations of sexual abuse or sexual harassment to date.</p> <p>At time of audit, there were not any residents who reported a sexual abuse to interview nor investigative files to review.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>
---------	---

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1386 331">Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 362 1485 456">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.</p> <p data-bbox="242 488 1485 582">All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 613 1441 642">This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p data-bbox="242 674 424 703">Discipline Policies</p> <p data-bbox="242 734 528 763">Employee Separation Policy</p> <p data-bbox="242 795 616 824">Sexual and Other Harassment Policy</p> <p data-bbox="242 855 1018 884">There have not been any investigations or reports to law enforcement to date.</p> <p data-bbox="242 916 1329 945">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.377	Corrective action for contractors and volunteers
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1412 331">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.</p> <p data-bbox="242 360 1404 421">Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p data-bbox="242 450 813 479">This facility does not utilize any contractors or volunteers.</p> <p data-bbox="242 508 1476 568">The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 598 1484 658">This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p data-bbox="242 687 422 716">Discipline Policies</p> <p data-bbox="242 745 1476 842">Interview with superintendent confirmed that if the facility were to utilize contractors or volunteers, that if a contractor or volunteer violated the agency's sexual abuse or sexual harassment policies, the agency would take remedial measures and prohibit further contact with residents.</p> <p data-bbox="242 871 1173 900">During the site review, the auditor did not observe any contractors or volunteers in the facility.</p> <p data-bbox="242 929 1332 958">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.378	<p>Interventions and disciplinary sanctions for residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>To date, there has not been any allegations or investigations of sexual abuse or sexual harassment made.</p> <p>CJR does not utilize isolation. Residents who engage in resident-on-resident sexual abuse are immediately removed from this program.</p> <p>The facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.</p> <p>The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>The agency prohibits all sexual activity between residents.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Behavior Management and Discipline Policy</p> <p>Excerpt from staff training</p> <p>Interview with superintendent confirmed that CJR does not utilize isolation. Residents who engage in resident-on-resident sexual abuse are immediately removed from this program and would not be allowed to re-enter the program.</p> <p>Interviews with medical and mental health staff revealed that the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The resident would be referred to a different program that specializes in this type in therapy.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>
---------	--

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>When the risk screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. CJR does not accept sex offenders into their program per their exclusionary criteria. Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>In the past 12 months, the facility has not had any disclosures of prior victimization during screening reported.</p> <p>Medical-Mental Health Screening and Access to Treatment Policy</p> <p>All incident reports</p> <p>C-32 Nursing-Medical Assessments</p> <p>Incident report Didactic</p> <p>Progress notes</p> <p>Exclusionary criteria</p> <p>Communication Policy</p> <p>Informed Consent Policy</p> <p>Informed Consent sign off</p> <p>During the site review, the auditor observed that the risk screening assessments were locked in file cabinets and maintained by the clinical staff.</p> <p>Interview with staff responsible for risk screening indicated that if a risk screening reflected prior victimization a referral would be made immediately to either medical or clinical staff. Depending on situation, a referral may also be made to the psychologist. This facility does not accept sex offenders into the program; therefore, referrals would not be made for residents who have perpetrated sexual abuse. The placing agency would locate a more appropriate facility.</p> <p>Interviews with medical and mental health staff corroborated that at the initiation of treatment, medical and mental health staff explain to the resident that they are mandated reporters and receive the residents' consent to report.</p> <p>At time of audit, there were no residents who had disclosed sexual victimization at risk screening to interview.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The facility has not had any reports from residents of sexual abuse. Resident victims of sexual abuse are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This facility is an all-male facility. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Medical and Mental Health Screening and Assessment to Treatment Policy</p> <p>Medical Care and Administration of Medications Policy</p> <p>Coordinated Facility Plan for PREA Allegations-AMIR</p> <p>All incident reports</p> <p>Incident Review Didactic</p> <p>Progress notes</p> <p>During the site review, the auditor observed that medical and mental health staff are available onsite. An MOU is in place for crisis intervention services.</p> <p>Interviews with medical and mental health staff reflected that resident victims receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately, that is practical and safe. The nature and scope of these emergency services are determined by upper-level care (SAFE/SANE examiners) at the local hospital where the victim would be taken to for a forensic examination. Victims of sexual abuse would be offered timely information about access sexually transmitted infection prophylaxis. The facility only accepts male youth.</p> <p>Interviews with security and non-security staff first responders support that staff are well trained in the actions they would take as a first responder to an allegation of sexual abuse. Those actions would be to separate the alleged victim and abuser; to preserve and protect the crime scene until the State Police arrived; to request that the victim and ensure that the alleged abuser does not take any actions that could destroy physical evidence, if the abuse occurred in a time period that still allows for the collection of physical evidence; and that they would immediately notify medical, mental health, chain of command, State Police, and DCF.</p> <p>At time of audit, there were no residents who reported a sexual abuse to interview.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.383	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. This treatment may be provided in house, in the community, or a combination of both. 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. The facility provides such victims with medical and mental health services consistent with or greater than the community level of care. This facility is an all-male facility. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CJR does not accept sex offenders into the program per the exclusionary criteria.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Medical and Mental Health Screening and Access to Treatment Policy</p> <p>Exclusionary Criteria</p> <p>During the site review, the auditor was able to view the evaluation, counseling, and interview rooms where treatment would occur.</p> <p>Interviews with medical and mental health staff stated that evaluation and treatment of residents who have been victimized include being evaluated by medical and mental health staff onsite, referred to a SAFE/SANE examiner at the local hospital for a forensic examination, the resident's treatment plan would be modified, a communication protocol would be developed and a discharge plan for coordinated care implemented. Medical and mental health services are greater than the community level of care. Treatment provided in the facility is available to residents at all times, no obstacles, no waiting time, and no financial costs. This is an all-male facility. The facility does not accept known sex offenders.</p> <p>At time of audit, there were no residents who reported sexual abuse to interview.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>
---------	--

115.386	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1490 331">The facility will 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.</p> <p data-bbox="242 362 1490 723">The review team will: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The facility will implement the recommendations for improvement or shall document its reasons for not doing so. Such reviews will ordinarily occur within 30 days of the conclusion of the investigation. The facility has not had any investigations or sexual abuse incidents to be reviewed at time of audit.</p> <p data-bbox="242 754 1441 784">This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p data-bbox="242 815 480 844">Critical Incident Review</p> <p data-bbox="242 875 746 904">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="242 936 1469 1021">Interview the superintendent revealed that the facility has determined a sexual abuse review team consisting of upper-level management staff, supervisors, medical, clinicians, and others when needed would also be included. Information would be used to identify any policy, training, or other issues related to the incident that indicate a need to change policy or practice.</p> <p data-bbox="242 1052 1477 1379">Interviews with the superintendent, PREA compliance manager and incident review team members stated that the review team will (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p data-bbox="242 1411 1329 1440">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1477 499">The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The incident-based data includes, 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. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency does not contract for the confinement of its residents. DOJ has not requested agency data, however CJR completes the SSV reports and sends them to their funding source who reports to DOJ.</p> <p data-bbox="242 530 1171 557">This standard was verified by the auditor by a review of policy and supporting documentation.</p> <p data-bbox="242 589 746 616">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="242 647 596 674">Quarterly Incident Review template</p> <p data-bbox="242 705 368 732">SSV reports</p> <p data-bbox="242 763 1329 790">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1493 533">The agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The agency’s annual report includes 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. The agency’s annual report is approved by the agency head and made readily available to the public through its website. The agency indicates 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.</p> <p data-bbox="242 564 1442 591">This standard was verified by the auditor by a review of policy and supporting documentation, and interviews conducted.</p> <p data-bbox="242 622 746 649">Sexual Assault and Harassment Prevention Policy</p> <p data-bbox="242 680 481 707">Year-end Review 18-19</p> <p data-bbox="242 739 481 766">Year-end Review 19-20</p> <p data-bbox="242 797 481 824">Year-end Review 20-21</p> <p data-bbox="242 855 692 882">Website review of PREA annual data reports</p> <p data-bbox="242 913 1493 1039">Interviews with the agency head, PREA coordinator, and PREA compliance manager corroborates that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The annual report contains its findings from data review and any corrective actions for the facility. Annual reports do not contain any personally identifiable information.</p> <p data-bbox="242 1070 1331 1097">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency ensure that data collected securely retained. The agency makes 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. The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. The agency maintains sexual abuse data collected for at least 10 years after the date of the initial collection.</p> <p>This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p>Data Storage and Availability Policy</p> <p>Sexual Assault and Harassment Prevention Policy</p> <p>Review of agency website</p> <p>Interview with PREA coordinator stated that the PREA coordinator reviews all incidents quarterly. They are kept locked in a file cabinet or on a secure server. Data is kept for 10 years. The data is analyzed to determine staffing, camera locations, etc. The PREA coordinator will follow up weekly until all action items are completed.</p> <p>Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1461 434">During the prior three-year audit period, the agency ensured that each facility operated by the agency was audited at least once. The agency ensured that at least two-thirds of each facility type operated by the agency was audited during the first two years of the current audit cycle. The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor permitted to conduct private interviews with residents.</p> <p data-bbox="240 465 1485 524">This standard was verified by the auditor by a review of policy and supporting documentation, interviews conducted, and site review observations.</p> <p data-bbox="240 555 427 582">Review of website</p> <p data-bbox="240 613 1445 707">During the site review, the auditor observed the Notice of Audit posted throughout the facility. The auditor also requested photos and time stamped email of confirmation that the Notice of Audit was posted, to include a list of each location. The auditor did not receive any correspondence prior, during, or after the audit.</p> <p data-bbox="240 739 1331 766">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1114 297">The agency ensures that the auditor's final report is published on the agency's website.</p> <p data-bbox="244 331 1477 358">This standard was verified by the auditor by a review of policy and supporting documentation and review of agency website.</p> <p data-bbox="244 392 1469 450">The auditor reviewed the agency website and was able to locate previous Final PREA Audit Reports for facilities in which it operates.</p> <p data-bbox="244 483 1331 510">Based on a thorough analysis of evidence, the auditor finds the facility to be in compliance with this standard.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private 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
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

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

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes