PREA Facility Audit Report: Final

Name of Facility: Transitional Living Program
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 10/22/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Elaine Bridschge	**Date of Signature:** 10/22/2024

AUDITOR INFORMATION	
Auditor name:	Bridschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	09/19/2024
End Date of On-Site Audit:	09/19/2024

FACILITY INFORMATION	
Facility name:	Transitional Living Program
Facility physical address:	623 Highland Street, Wethersfield, Connecticut - 06109
Facility mailing address:	623 Highland Street , Wethersfield, Connecticut - 06109

Primary Contact

Name:	Cassandra Reyes
Email Address:	creyes@cjryouth.org
Telephone Number:	2035101551

Superintendent/Director/Administrator	
Name:	Devone Monts
Email Address:	dmonts@cjryouth.org
Telephone Number:	18602686872

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

Facility Characteristics	
Designed facility capacity:	6
Current population of facility:	1
Average daily population for the past 12 months:	1
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:	17-21
Facility security levels/resident custody levels:	Voluntary
Number of staff currently employed at the facility who may have contact with	10

residents:	
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:	550 Goshen Road, P.O. Box 161, Litchfield, Connecticut - 06759
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:	Cassandra Reyes	**Email Address:**	creyes@cjryouth.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
3	• 115.331 - Employee training • 115.341 - Obtaining information from residents • 115.387 - Data collection
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-09-19
2. End date of the onsite portion of the audit:	2024-09-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Greater Hartford Family Advocacy Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	6
15. Average daily population for the past 12 months:	1
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	0
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):	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
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:	10
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:	The facility does not utilize volunteers or contractors.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	0
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☑ None
If "None," explain:	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	○ Yes ◉ No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
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):	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	3
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☐ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☑ None

If "None," explain:	The facility has 10 total staff, of which four are assigned to work shifts. Three were onsite the day of the audit. The fourth staff member was off work.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☑ 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). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12

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

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

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not utilize volunteers or contractors at this time.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	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:	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents. Since the facility has opened, there have not been any allegations of sexual abuse or sexual harassment made.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	Transitional Living Program is a new facility. They have had four admissions over the past 12 months. During the audit, the facility did not have any residents admitted. The maximum resident population is six male residents. Since the facility has opened, there have not been any allegations of sexual abuse or sexual harassment made.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	Corrections Consulting Services, LLC

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. As evidenced by: Sexual Assault and Harassment Prevention Policy (b) The agency has employed an agency-wide PREA Coordinator. The PREA Coordinator position in the upper level of the agency hierarchy and listed as the Director of Residential Services. 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. As evidenced by: Management Organizational Chart

	PREA Coordinator interview (c) The facility has designated the Program Director as the PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. As evidenced by: TLP Organizational Chart PREA Compliance Manager interview Based on the evidence presented, the facility is in compliance with this standard.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	As noted in the pre-audit questionnaire (PAQ), the agency does not contract with private agencies or other entities for the confinement of residents. As evidenced by: PAQ Based on the evidence presented, the facility is in compliance with this standard.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency ensures that each facility it operates develops, implements, and documents 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, the facility takes 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. According to the PAQ, the facility's average daily number of residents is 1. The staffing plan is predicated for 6 residents (maximum capacity). During the site review, staffing ratios were compared to the written staffing plan. The facility is staffed according to the staffing plan. Informal conversations with staff confirmed that the facility meets staffing ratios at all times. At time of audit, the facility did not have any residents enrolled. This is a new facility and has only had 4 residents admitted in the past 12 months, since opening. As evidenced by: Supervision of Clients Policy Section III – Proposal Kit (RFP staffing proposal/plan) Staff Schedule Request Memo to Add Position Excerpt from RFP regarding Staffing Pattern Enhancement PAQ Data Collection Worksheet Site Review Checklist Program Director interview PREA Compliance Manager Interview (b) The facility complies with the staffing plan except during limited and discrete exigent circumstances. The facility has had no deviations from the staffing plan. During the site review, staffing ratios were compared to the written staffing plan. Although the facility does not have any residents currently, they continue to staff the facility according to the staffing plan. As evidenced by: PAQ Program Director interview Site Review Checklist (c) The facility maintains staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. The facility fully documents any limited and discrete exigent circumstances during which the facility did not maintain staff ratios. The facility ensures only security staff are included when calculating

	these ratios. The facility is obligated by law, regulation, or judicial consent decree to maintain the staffing ratios. According to the PAQ, the facility has not had any deviations to the staffing plan. As evidenced by: PAQ Year-End Review 23-24 Site Review Checklist Program Director interview (d) At least once every year the agency, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. As evidenced by: Year End Review 21-22 Year End Review 22-23 Year End Review 23-24 PREA Coordinator interview (e) The facility has 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. The policy and practice are implemented for night shifts as well as day shifts. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility. While onsite, the auditor spot checked previous logbooks. As evidenced by: Sexual Assault and Harassment Prevention Policy Unannounced Rounds documentation Intermediate or Higher-Level Facility Staff interviews Based on the evidence presented, the facility is in compliance with this standard.

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	(a) The facility always refrains from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. According to the PAQ, the facility has not performed any cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. During the site review, there were no residents admitted into the program. Informal conversations with staff confirmed that cross-gender searches do not occur in the facility. As evidenced by: Searches and Pat-downs Policy PAQ Site Review Checklist (b) The facility always refrains from conducting cross-gender pat-down searches in non-exigent circumstances. According to the PAQ, In the past 12 months, the facility reports that there have not been any cross-gender pat-down searches of residents conducted, and no exigent circumstances. At time of the audit, there were no residents admitted into the program to interview. As evidenced by: Searches and Pat-downs Policy Random Staff interviews (c) The facility does not permit cross gender searches. As evidenced by: Searches and Pat-downs Policy PAQ (d) The facility has implemented 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. The facility requires staff of the opposite gender to announce their presence when entering a resident housing unit. During the site review, the facility has single use, private showers and restrooms where undressing would occur. No cameras are located in areas of undressing or in sleeping areas. The auditor was unable to observe cross gender announcements being made as there were no residents admitted into the program at the time of the audit. The facility has discrete housing areas (male only facility). As evidenced by:

	Supervision of Clients Policy Site Review Checklist Random Staff interviews (e) The facility always refrains from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, the facility determines 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. According to the PAQ, in the past 12 months, no such searches have occurred. At time of audit, there were no transgender or intersex residents housed at the facility. As evidenced by: Screening & Intake and Room Assignment Policy PAQ Random Staff interviews (f) According to the PAQ, the facility does not permit cross gender searches. As evidenced by: PAQ Random Staff interviews Based on the evidence presented, the facility is in compliance with this standard.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency takes 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, blind or have low vision, intellectual disabilities, psychiatric disabilities, speech disabilities, and other disabilities such cognitive disabilities and other physical disabilities. Such steps include, when necessary, ensuring 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; ensuring effective communication with residents with disabilities including residents who have intellectual disabilities, limited reading skills and who are blind or have low vision. During the site review, the auditor observed ADA accommodations, to include PREA signage in English and Spanish. The auditor tested the facility's process for securing interpretation services on-demand via Language Line. The phones worked properly. Residents do not have to self-identify. Language Line Services were readily available and accessible. Phones are in a location that enables privacy. Informal conversations with staff confirm that interpretation services are accessible when needed. At time of audit, the facility did not have any residents with a disability or who are limited English Proficient. As evidenced by: Screening & Intake and Room Assignment Policy Sexual Assault and Harassment Prevention Policy Statement Regarding Limited English Proficiency to include Employee Language List, Language Line information, Translated Forms, and Employee Hiring. Client Education (Spanish) Sexual Assault Information (English/Spanish) Video for residents with Limited Reading Skills Excerpt from Youth Handbook Staff Training Logs Site Review Checklist Protocol Testing Chief Operating Officer (COO) interview (b) The agency always refrains 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 As evidenced by: Client Inclusion Policy Site Review Checklist (c) The agency always refrains 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. According to the PAQ, in the past 12 months, the facility has not had any instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The PAQ notes that this has not occurred during the audit period but would be recorded if that were the case. As evidenced by: Sexual Assault and Harassment Policy Random Staff interviews Based on the evidence presented, the facility is in compliance with this standard.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in this standard. As evidenced by: Section 200 – Employment Policy Second Interview HR Questions samples Background Verification Report samples (b) 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. As evidenced by: 290-Promotion Policy Second Interview HR Questions samples

	HR Staff interview (c) Agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks; consults any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. According to the PAQ, in the past 12 months, 2 staff have been hired who may have contact with residents have had background record checks. As evidenced by: Section 200 – Employment Policy Background Verification Report samples PAQ HR Staff interview (d) The agency performs a criminal background records check before enlisting the services of any contractor who may have contact with residents and the agency consults applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. According to the PAQ, in the past 12 months, the facility has not utilized any contractors or volunteers. As evidenced by: Section 200 – Employment Policy PAQ HR Staff interview (e) The agency conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents. This is a new facility and does not have staff that have been employed over five years. As evidenced by: Section 200 – Employment Policy Staff over five-year list HR Staff interview (f) The agency 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. As evidenced by: HR Staff interview (g) Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. As evidenced by: 1400 – Employee Separation Policy HR Staff interview (h) The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. According to the interview with HR staff, the agency has not encountered this situation. As evidenced by: HR Staff interview Based on the evidence presented, the facility is in compliance with this standard.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. TLP is a new facility. As evidenced by: PAQ TLP Building Design COO interview Program Manager interview (b) The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. According to the PAQ, TLP is a new facility with a new video monitoring system. As evidenced by:

	Cameras minutes PAQ COO interview Program Manager interview Based on the evidence presented, the facility is in compliance with this standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations. According to the PAQ, allegations of sexual abuse are referred to the local Police Department or the CT State Police. As evidenced by: PAQ Random Staff interviews (b) The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations. According to the PAQ, allegations of sexual abuse are referred to the local Police Department or the CT State Police. As evidenced by: PAQ (c) The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost to the victim. Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The facility documents efforts to provide SANEs or SAFEs in the form of a memo. In the past 12 months, the facility has not had any forensic medical exams conducted by a SAFE/SANE nurse. As evidenced by: Medical and Mental Health Screening and Access to Treatment Policy Section Two – Medical Care Policy SAFE/SANE memo from Sexual Assault Forensic Examiners (SAFE) Program/ CT Office of Victim Services to utilize Hartford Hospital

	(d) The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member. At the time of audit, the were no residents who reported sexual abuse. As evidenced by: MOU attempts – Greater Hartford Family Advocacy Center Qualified Staff Member Resumes and Certifications Community Questionnaire Protocol Testing PREA Compliance Manager interview (e) If requested by the victim, a victim advocate from Greater Hartford Family Advocacy Center will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. As evidenced by: Sexual Abuse Incident Coordinated Response Plan MOU attempts – Greater Hartford Family Advocacy Center PREA Compliance Manager interview (f) The agency itself is not responsible for investigating allegations of sexual abuse. The agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section. As evidenced by: State Police PREA Guidelines (h) The agency attempts to make a victim advocate from a rape crisis center available to victims. As evidenced by: MOU attempts – Greater Hartford Family Advocacy Center Based on the evidence presented, the facility is in compliance with this standard.

115.322	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	(a) The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the PAQ, in the past 12 months, no allegations of sexual abuse and sexual harassment were received. As evidenced by: Sexual Assault and Harassment Prevention Policy State Police PREA Guidelines COO interview (b) The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. As evidenced by: Sexual Assault and Harassment Prevention Policy Website Review Investigative Staff interview (c) The publication describes the responsibilities of both the agency and the investigating entity. As evidenced by: Website Review State Police PREA Guidelines Based on the evidence presented, the facility is in compliance with this standard.

115.331	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	(a) The agency trains all employees who may have contact with residents on the

	agency's zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of residents to be free from sexual abuse and sexual harassment; on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in juvenile facilities; on the common reactions of juvenile victims of sexual abuse and sexual harassment; 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; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and relevant laws regarding the applicable age of consent. As evidenced by: Sexual Assault and Harassment Prevention Policy 250 – Employee Orientation Policy Coordinated Response Plan PREA Training Curriculum Training Schedule Staff Training Logs Random Staff interviews (b) Training is tailored to the unique needs and attributes and gender of the residents at the facility. According to the PAQ, all CJR Residential Programs serve male residents only. As evidenced by: PAQ PREA Training Curriculum Staff Training Logs (c) Between training, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Exceeding this standard, staff receive PREA training annually. As evidenced by: Meeting Agenda

	PREA Training Curriculum PAQ Staff Training Logs (d) The agency documents that employees who may have contact with residents understand the training they have received through employee signature. As evidenced by: Training Sign in Sheets Staff Signature Forms Based on the evidence presented, the facility exceeds compliance with this standard due to providing PREA Refresher training to staff annually.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) According to the PAQ, the facility does not utilize volunteers or contractors. Should in the future they have volunteers and/or contractors who have contact with residents, they would be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. At the time of the audit, the facility did not have any volunteers or contractors to interview. All contractors who have contact with residents will be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. As evidenced by: Sexual Assault and Harassment Prevention Policy PAQ Training Curriculum (b) According to the PAQ, the level and type of training that would be provided to volunteers and contractors would be based on the services they provide and the level of contact they have with residents. All volunteers and contractors who 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.

	As evidenced by: Sexual Assault and Harassment Prevention Policy Training Curriculum (c) The facility does not utilize volunteers and contractors. As evidenced by: PAQ Based on the evidence presented, the facility is in compliance with this standard.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. According to the PAQ, 4 residents admitted in the past 12 months have been given this information at intake. This information is provided in an age- appropriate fashion. During the site review, staff demonstrated a mock intake process where sexual safety information (PREA information/zero-tolerance information) is provided to residents. Intake staff complete this process. A test of the Language Line and a review of the PREA video were completed. During an informal conversation, staff understand the information provided to residents and have access to the Language Line. At the time of audit, there were no residents admitted into the program. As evidenced by: Screening & Intake and Room Assignment Policy Sexual Assault and Harassment Prevention Policy PREA Video Client Education (English/Spanish) Sexual Assault Information (English/Spanish) Receipt of Handbook/Sexual Assault Information Acknowledgement Form samples Youth Handbook Intake Staff interview Site Review Checklist

	Protocol Testing (b) According to the PAQ, 4 residents that were admitted in the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. During the site review, staff were able to walk through the comprehensive education process. Comprehensive education is provided via review of the youth handbook, watching a video and by a review of documents. During an informal conversation, staff understood the information provided to residents and had access to the Language Line. As evidenced by: Receipt of Handbook/Sexual Assault Information Acknowledgement Form samples Youth Handbook Site Review Checklist Intake Staff interview (c) All residents who entered the facility were educated through a review of Youth Handbook and a PREA video upon intake regarding their rights to be free from sexual abuse and sexual harassment in the facility. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. As evidenced by: Screening & Intake and Room Assignment Policy Sexual Assault and Harassment Prevention Policy Receipt of Handbook/Sexual Assault Information Acknowledgement Form samples Youth Handbook Video Intake Staff interview (d) Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient; deaf; visually impaired; disabled; and who have limited reading skills. According to the PAQ, staff can read information to youth and ask questions to ensure their understanding. As evidenced by:

	Client Inclusion Policy Screening & Intake and Room Assignment Policy Sexual Assault and Harassment Prevention Policy Sexual Assault Information (English/Spanish) Client Education (English/Spanish) Youth Handbook Language Line Info PREA Video PAQ Site Review Checklist (e) The agency maintains documentation of resident participation in these education sessions. As evidenced by: Receipt of Handbook/Sexual Assault Information Acknowledgement Form samples (f) The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. During the site review, PREA information signage was visible in all common areas where residents have access. Signage language is clear, easy to understand, and at an appropriate reading level for the residents. Signage is specific to services, such as emotional support services, and external reporting, and includes language that clearly details what services are available and for what purposes and is provided at an age-appropriate reading level. Signage is provided in English and translated for the other languages most commonly spoken in the facility. Information on the signage is accurate and consistent throughout the facility. Informal conversations with staff confirm that signage is always accessible, consistent and accurate. As evidenced by: Client Education (English/Spanish) Sexual Assault Information (English/Spanish) Youth Handbook Site Review Checklist Based on the evidence presented, the facility is in compliance with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. According to the PAQ, CJR only conducts an administrative investigation on allegations such as youth on youth sexual harassment. CJR uses the online Department of Justice training for PREA investigations. As evidenced by: Sexual Assault and Harassment Prevention Policy Investigative Staff interview Training Records (b) The agency does not conduct any form of administrative or criminal sexual abuse investigations. As evidenced by: Investigative Staff interview Training Records (c) the agency does not conduct any form of administrative or criminal sexual abuse investigations. The facility employs 3 administrative sexual harassment allegation investigators who are properly trained. As evidenced by: Training Records Based on the evidence presented, the facility is in compliance with this standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Two (100%) medical and mental health care practitioners who work regularly at this facility received the training required by agency policy.

	As evidenced by: 250 - Employee Orientation Policy Sexual Assault and Harassment Prevention Policy Pre-employment Training Itinerary Training Records PAQ Medical and Mental Health interviews (b) According to the PAQ, the agency medical staff at this facility does not conduct forensic medical exams. As evidenced by: PAQ Medical and Mental Health interviews (c) The agency maintains documentation showing that medical and mental health practitioners have completed the required training. As evidenced by: Training Records (d) Medical and mental health care practitioners also receive the training mandated for employees under § 115.331. As evidenced by: Training Records located under 115.331 Based on the evidence presented, the facility is in compliance with this standard.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	(a) The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. According to the PAQ, 4 (100%) residents entering the facility

	(either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more were screened for risk of sexual victimization or sexually abusing other residents. The policy requires that the resident's risk level be reassessed periodically throughout their confinement. During the site review, staff responsible for completing the risk screening tool provided a mock demonstration of the intake screening process. The screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. Screening staff ask screening questions in a manner that fosters comfort and elicits responses. Screening staff use an instrument to collect information during the risk screening process. Screening staff affirmatively ask residents about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status). Screening staff use additional sources of information to complete the initial risk screening assessment. Informal conversations with staff confirm that staff understand how information is collected and how privacy is maintained. The were no residents admitted at time of audit. Exceeding this standard, the facility reassesses each resident every thirty (30) days throughout their confinement, regardless of classification. As evidenced by: Screening & Intake and Room Assignment Policy PAQ PREA Classification Screen samples (initial and reassessments) Site Review Checklist Staff Responsible for Risk Screening interview (b) Risk assessment is conducted using an objective screening instrument. During the site review, staff demonstrated the process and use of the screening tool. As evidenced by: PREA Classification Screen Form Site Review Checklist (c) At a minimum, the agency attempts to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision,

	additional safety precautions, or separation from certain other residents. As evidenced by: PREA Classification Screen Form Site Review Checklist Staff Responsible for Risk Screening interview (d) 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. As evidenced by: Site Review Checklist Staff Responsible for Risk Screening interview (e) The agency implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. During the site review, records were maintained in a secure, locked area with limited access. Informal conversations suggest that screening tools have very limited access and are always secure. As evidenced by: Site Review Checklist PREA Coordinator interview PREA Compliance Manager interview Staff Responsible for Risk Screening interview Based on the evidence presented, the facility exceeds compliance with this standard due to reassessing each resident every thirty (30) days throughout their confinement.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility uses information from the PREA Classification Screening tool to inform housing, bed, work, education, and program assignments with the goal of

	keeping all residents safe and free from sexual abuse. As evidenced by: PREA Classification Screen samples PREA Compliance Manager interview Staff Responsible for Risk Screening interview (b) The facility has a policy that states that it is a violation of agency policy for staff to confine a resident in a single room used solely for the isolation of the resident. Isolation is considered a form of discipline. As evidenced by: Behavior Management and Discipline Policy Program Director interview Medical and Mental Health interviews (c) The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator of likelihood of being sexually abusive. At time of the audit, there were no residents in the facility that identified as LGBTI. As evidenced by: Screening & Intake and Room Assignment Policy PREA Coordinator interview PREA Compliance Manager interview (d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency considers on a case-by-case basis whether a placement would ensure the resident's health and safety. In making housing and programming assignments, the facility considers on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems. As evidenced by: Screening & Intake and Room Assignment Policy PREA Compliance Manager interview (e) Placement and programming assignments for each transgender or intersex resident will be reassessed at least twice each year to review any threats to safety

	experienced by the resident. As evidenced by: PREA Compliance Manager interview Staff Responsible for Risk Screening interview (f) A transgender or intersex resident's own view with respect to his or her own safety will be given serious consideration. As evidenced by: PREA Compliance Manager interview Staff Responsible for Risk Screening interview (g) Transgender and intersex residents are given the opportunity to shower separately from other residents. Bathrooms are single use, private rooms containing a shower and toilet. As evidenced by: PREA Compliance Manager interview Staff Responsible for Risk Screening interview (h) According to the PAQ, there were no residents held in isolation for risk of sexual victimization in the past 12 months. Isolation is prohibited. As evidenced by: PAQ (i) According to the PAQ, isolation is prohibited. As evidenced by: PAQ Based on the evidence presented, the facility is in compliance with this standard.

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and

	sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. During the site review, posted signage throughout the facility was observed. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Information provided on signage is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Signage is provided in English and can be translated for the other languages most commonly spoken in the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. Informal conversations with staff and residents confirm that signage is posted throughout the facility on a continuous basis. The internal reporting system was tested (forms and locked drop boxes were readily accessible). Boxes are checked daily. Mail (letters) can be written and mailed. Mail goes out daily Monday through Friday. Residents do not pay for postage. The facility does not utilize electronic reporting mechanisms. Staff are aware that verbal reports must be documented. Staff understand that access to secure information is limited and restricted. At the time of audit, there were no residents admitted to the facility. As evidenced by: Client Rights Policy Grievances Policy Youth Handbook Site Review Checklist Protocol Testing Random Staff interviews (b) The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. According to the PAQ, CJR does not detain youth for civil immigration purposes. During the site review, posted signage was observed throughout the facility. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. Information provided on signage is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. External reporting method was conducted by calling the Greater Hartford Family Advocacy Center hotline number listed on the posters. The phones were in working order, the call was free and can be made anonymously and privately, the phone number listed on the signage actually connects with the outside reporting entity, The phone is answered by a live person or an after-hours message service that will direct you to a live person. The reporting entity is

	prepared to receive reports of sexual abuse and sexual harassment from persons confined in the facility and immediately forward reports to agency officials. Residents have regular access to phones at the facility. Language Line services can be used. Greater Hartford Family Advocacy Center also has bilingual staff and access to language line services. Informal conversations confirmed that staff are aware of the external reporting option. The reporting entity allows residents to report anonymously upon request. As evidenced by: PAQ MOU attempts Greater Hartford Family Advocacy Center Site Review Checklist Protocol Testing Community Questionnaire PREA Compliance Manager interview (c) The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports. As evidenced by: Sexual Assault and Harassment Prevention Policy Random Staff interviews (d) The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. During the site review, grievance forms and locked drop boxes were observed. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: Grievance Form Site Review Checklist PREA Compliance Manager interview (e) The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. According to the PAQ, staff are required to report directly to the DCF. Staff are informed of the method to privately report sexual abuse and sexual harassment during staff Pre-Employment and PREA Training. Staff provided details during the site review regarding the staff reporting

	method and understood that they are to call DCF. A test call was made to and received by DCF. As evidenced by: 250 – Employee Orientation Policy Child Abuse and Neglect/Mandated Reporting Policy Site Review Checklist Protocol Testing Based on the evidence presented, the facility is in compliance with this standard.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has an administrative procedure to address resident grievances regarding sexual abuse. As evidenced by: Grievances Policy Client Rights signed samples (b) 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. The agency refrains from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. As evidenced by: Grievances Policy Client Rights signed samples (c) The agency's policy allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy requires that a resident grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint. As evidenced by: Grievances Policy

	Client Rights signed samples (d) The agency's policy requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. According to the PAQ, in the past 12 months, no grievances were filed that alleged sexual abuse. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: Grievances Policy PAQ Client Grievances Report 2023-2024 (e) Agency policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such residents, regardless of whether or not the resident agrees to having the grievance filed on their behalf. According to the PAQ, the facility has not received grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline. During the site review, signage throughout the facility was observed and can be easily read/accessed by residents. Signage language is clear, easy to understand, and at an appropriate reading level for the residents. Signage specific to services, such as emotional support services and external reporting, includes language that clearly details what services are available and for what purposes and are provided at an age-appropriate reading level. Signage is provided in English and translated for the other languages most commonly spoken in the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. Information on the signage is accurate and consistent throughout the facility. Signage is accessible to staff residents and other persons who may need the information or services provided. Third-party reporting posters were observed posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys as well as any areas frequented by residents. Informal conversations with staff confirm that signage is throughout the facility and easy to read/understand. Phone tests to DCF and Greater Hartford Family Advocacy Center hotlines were made. Reporting information is also included on the agency’s website. As evidenced by:

	Grievances Policy PREA DCF Hotline Poster PAQ Site Review Checklist Protocol Testing Website Review (f) The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. According to the PAQ, no emergency grievances have been received. As evidenced by: Sexual Assault and Harassment Prevention Policy PAQ (g) The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. According to the PAQ, no youth received disciplinary action by the department for filing a grievance in bad faith. As evidenced by: Grievances Policy PAQ Based on the evidence presented, the facility is in compliance with this standard.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or

	national victim advocacy or rape crisis organizations. According to the PAQ, the agency does not hold residents for civil immigration purposes. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. During the site review, signage containing information regarding victim advocacy services was observed. The signage was clear, legible and easy to understand. Informal conversations with staff and residents confirmed that Greater Hartford Family Advocacy Center signage was posters throughout the facility. A test call to was made and documented on the Community Questionnaire. At the time of the audit, there were no residents who reported sexual abuse. No residents were admitted at time of audit. As evidenced by: Client Rights signed samples Coordinated Response Plan Client Education (English/Spanish) Youth Handbook Sexual Assault Information (English/Spanish) PREA Video Site Review Checklist Protocol Testing Community Questionnaire (b) The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. As evidenced by: Client Rights Agreements Coordinated Response Plan (c) The agency maintains attempts to enter into a memorandum of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. As evidenced by: MOU attempts Greater Hartford Family Advocacy Center

	(d) The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: Client Rights Policy Program Director interview PREA Compliance Manager interview Based on the evidence presented, the facility is in compliance with this standard.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has an established method to receive third-party reports of sexual abuse and sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents on its website. During the site review, third-party reporting posters were observed in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys, including the agency's website, as well as any areas frequented by residents. The third-party reporting method was tested using the same method provided to the public via the agency's website. Although the website lists several ways to report, an after-hours test call was made to the Connecticut statewide 24-hour toll-free Hotline. A live person answered the phone and was ready to take my report. The intake person stated that if a live person does not answer, and answering service will, and will then direct your call to an intake staff. As evidenced by: PREA Signage Site Review Checklist Website Review Protocol Testing Based on the evidence presented, the facility is in compliance with this standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. As evidenced by: Sexual Assault and Harassment Prevention Policy Random Staff interview (b) The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. As evidenced by: Child Abuse and Neglect/Mandatory Reporting Policy Random Staff interviews (c) Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. As evidenced by: Child Abuse and Neglect/Mandatory Reporting Policy Random Staff interviews (d) 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. As evidenced by: Medical and Mental Health Staff interviews

	(e) Upon receiving any allegation of sexual abuse, the facility head or designee will promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report will be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction 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. As evidenced by: PREA Compliance Manager interview Program Director interview (f) The facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. As evidenced by: Program Director interview Based on the evidence presented, the facility is in compliance with this standard.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. According to the PAQ, in the past 12 months, the facility has not determined that a resident was subject to a substantial risk of imminent sexual abuse. As evidenced by: Sexual Assault and Harassment Prevention Policy PAQ COO interview Program Director interview Random Staff interviews Based on the evidence presented, the facility is in compliance with this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. According to the PAQ, in the past 12 months, the facility has not received any allegations that a resident was abused while confined at another facility. As evidenced by: Notifications to Other Facilities Regarding Allegations of Sexual Abuse Policy PAQ (b) Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. As evidenced by: Notifications to Other Facilities Regarding Allegations of Sexual Abuse Policy (c) The facility documents that it has provided such notification within 72 hours of receiving the allegation. As evidenced by: Notifications to Other Facilities Regarding Allegations of Sexual Abuse Policy (d) The agency policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. According to the PAQ, in the past 12 months, the facility has not received any allegations of sexual abuse from other facilities. As evidenced by: Notifications to Other Facilities Regarding Allegations of Sexual Abuse Policy COO interview Program Director interview Based on the evidence presented, the facility is in compliance with this standard.

115.364	Staff first responder duties

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. According to the PAQ, in the past 12 months, there has not been any allegations reported that a resident was sexually abused. At the time of audit, there were no residents who reported sexual abuse to interview. As evidenced by: Sexual Assault and Harassment Prevention Policy Coordinated Response Plan Security Staff First Responder interviews (b) Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. According to the PAQ, in the past 12 months, there has not been any allegations received that a resident was sexually abused. As evidenced by: Sexual Assault and Harassment Prevention Policy Coordinated Response Plan Security Staff First Responder interviews Random Staff interviews Based on the evidence presented, the facility is in compliance with this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. As evidenced by: Coordinated Response Plan Program Director interview Based on the evidence presented, the facility is in compliance with this standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has not entered into any collective bargaining agreements. As evidenced by: COO interview Based on the evidence presented, the facility is in compliance with this standard.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. According to the PAQ, the agency has designated Shift Supervisors and are charged with monitoring for possible retaliation. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by:

	Sexual Assault and Harassment Prevention Policy PAQ (b) 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. The facility does not utilize isolation. As evidenced by: COO interview Program Director interview Designated Staff Charged with Monitoring Retaliation interview (c) The facility monitors the conduct or treatment of residents or staff who report sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. According to the PAQ, retaliation will be monitored during the entire residents stay. The facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. According to the PAQ, no retaliation monitoring has occurred in the past 12 months. As evidenced by: Sexual Assault and Harassment Prevention Policy PAQ Program Director interview Designated Staff Charged with Monitoring Retaliation interview (d) In the case of residents, such monitoring will also include periodic status checks. As evidenced by: Designated Staff Charged with Monitoring Retaliation interview (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation. As evidenced by: COO interview Program Director interview

	Based on the evidence presented, the facility is in compliance with this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) According to the PAQ and policy, the facility does not allow isolation. During the site review, no isolation areas or residents isolated were observed. As evidenced by: Behavior Management and Discipline Policy Program Director interview Medical and Mental Health Staff interview Site Review Checklist Based on the evidence presented, the facility is in compliance with this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency/facility has a policy related to criminal and administrative agency investigations. The facility has not received any allegation of sexual abuse or sexual harassment during this reporting year. As evidenced by: Sexual Assault and Harassment Prevention Policy Data Collection worksheet Investigative Staff interview (b) Where sexual abuse is alleged, the agency will use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Documentation of training was viewed in 115.334. As evidenced by: Investigative Staff interview

	(c) 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. As evidenced by: Investigative Staff interview (d) The agency does not terminate an investigation solely because the source of the allegation recants the allegation. As evidenced by: Sexual Assault and Harassment Prevention Policy Investigative Staff interview (e) The local Police Department or the CT State Police conducts all sexual abuse investigations. As evidenced by: Investigative Staff interview (f) The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as resident or staff. The agency will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: Investigative Staff interview (g) Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. During the site review, the physical storage of investigation information and documentation was found to be secured with restricted access and electronic documentation is safeguarded by passwords and restricted access. This was confirmed during informal conversations with staff. As evidenced by: Site Review Checklist Investigative Staff interview (h) Criminal investigations are documented in a written report by the local Police

	Department or CT State Police. The facility has not had any criminal investigations since the last PREA audit. As evidenced by: Sexual Assault and Harassment Prevention Policy Investigative Staff interview (i) The CT State Police or local Police Department conducts all criminal investigations and would be the entity to refer cases for prosecution. According to the PAQ, the facility has not had any substantiated allegations of conduct that appear to be criminal, that were referred to prosecution, since the last PREA audit. As evidenced by: Sexual Assault and Harassment Prevention Policy PAQ Investigative Staff interview (j) The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor observed the archived investigation reports. As evidenced by: Sexual Assault and Harassment Prevention Policy Retention of Case Records Policy Site Review Checklist (k) The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation. As evidenced by: Investigative Staff interview (m) When outside agencies investigate sexual abuse, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. As evidenced by: Program Director interview PREA Coordinator interview PREA Compliance Manager interview

	Investigative Staff interview Based on the evidence presented, the facility is in compliance with this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency imposes 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. The facility has not received any allegation of sexual abuse or sexual harassment during this reporting year. As evidenced by: Sexual Assault and Harassment Prevention Policy CT Code: Definition of Sexual Assault CT State Police PREA Investigations Excerpt Data Collection worksheet Investigative Staff interview Based on the evidence presented, the facility is in compliance with this standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) 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. According to the PAQ, the facility has not had any criminal or administrative investigations of alleged resident sexual abuse that was completed by the facility in the past 12 months. As evidenced by: Sexual Assault and Harassment Prevention Policy

	PAQ Program Director interview Investigative Staff interview (b) When an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. According to the PAQ, there has not been any investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months. As evidenced by: Sexual Assault and Harassment Prevention Policy PAQ (c) Following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency will subsequently inform 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. According to the PAQ, there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in the facility in the past 12 months. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: PAQ Sexual Assault and Harassment Prevention Policy (d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency will 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: Sexual Assault and Harassment Prevention Policy (e) The agency has a policy that all notifications to residents described under this standard are documented. According to the PAQ, in the past 12 months, there have not been any residents that were provided with notifications, as there were no allegations of sexual abuse.

	As evidenced by: Sexual Assault and Harassment Prevention Policy PAQ Based on the evidence presented, the facility is in compliance with this standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. As evidenced by: Section 1400 – Employee Separation Policy Section 1300 – Sexual and Other Harassment Policy Section 200 – Employment Policy (b) In the past 12 months, no staff from the facility violated agency sexual abuse or sexual harassment policies. In the past 12 months, no staff from the facility has been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. As evidenced by: Section 200 – Employment Policy Section 1400 – Employee Separation Policy Section 1300 – Sexual and Other Harassment Policy PAQ (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be 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. According to the PAQ, in the past 12 months, no staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). As evidenced by:

	PAQ Section 200 – Employment Policy Section 1400 – Employee Separation Policy Section 1300 – Sexual and Other Harassment Policy (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. According to the PAQ, in the past 12 months, there has not been any staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. As evidenced by: PAQ Section 200 – Employment Policy Section 1400 – Employee Separation Policy Section 1300 – Sexual and Other Harassment Policy Based on the evidence presented, the facility is in compliance with this standard.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. According to the PAQ, in the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents; and no contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of residents. As evidenced by: Section 200 – Employment Policy PAQ

	Data Collection Worksheet (b) The facility will take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. As evidenced by: Section 200 – Employment Policy Program Director interview Based on the evidence presented, the facility is in compliance with this standard.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) 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. According to the PAQ, in the past 12 months, there have been no administrative findings of resident-on-resident sexual abuse that has occurred at the facility and there have not been any criminal findings of guilt for resident-on-resident sexual abuse that has occurred at the facility. As evidenced by: Sexual Assault and Harassment Prevention Policy PAQ Data Collection Worksheet (b) According to the PAQ, CJR has no isolation. Residents who engage in this type of behavior would be immediately removed from the program. As evidenced by: Sexual Assault and Harassment Prevention Policy Behavior Management and Discipline Policy PAQ Program Director interview

	(c) The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. According to the PAQ, CJR has no isolation. Residents who engage in this type of behavior would be immediately removed from the program. As evidenced by: Program Director interview (d) According to the PAQ, residents who engage in this type of behavior would be immediately removed from the program. As evidenced by: PAQ Medical and Mental Health Staff interviews (e) The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. As evidenced by: Sexual Assault and Harassment Prevention Policy (f) 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 sufficient evidence to substantiate the allegation. As evidenced by: Sexual Assault and Harassment Prevention Policy (g) The agency always refrains from considering non-coercive sexual activity between residents to be sexual abuse. As evidenced by: Sexual Assault and Harassment Prevention Policy Excerpt from Training Based on the evidence presented, the facility is in compliance with this standard.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	(a) All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting within 14 days with a medical or mental health practitioner. According to the PAQ, in the past 12 months, there have not been any residents who have disclosed prior victimization during screening. Medical and mental health staff will maintain secondary materials documenting compliance with the above-mentioned services. At the time of the audit, there were no residents who disclosed sexual victimization at risk screening. As evidenced by: Medical and Mental Health Screening and Access to Treatment Policy PAQ Progress Notes sample form Incident Report Didactic Incident Report sample form Nursing Admission Assessment sample form Staff Responsible for Risk Screening interview (b) According to the PAQ, CJR does not accept known sex offenders into their program. As evidenced by: PAQ Section III – Proposal Kit (exclusionary criteria) Staff Responsible for Risk Screening interview (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Medical and mental health records, hard copy and electronic, were observed to be secure with restricted access. As evidenced by: Communication Policy Site Review Checklist (d) 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. As evidenced by:

	Informed Consent Policy Medical and Mental Health Screening and Access to Treatment Policy Informed Consent samples Medical and Mental Health Staff interviews Based on the evidence presented, the facility is in compliance with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: Medical and Mental Health Screening and Access to Treatment Policy Incident Report Didactic Incident Report sample form Progress Notes sample form Medical and Mental Health Staff interviews (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to § 115.362 and immediately notify the appropriate medical and mental health practitioners. As evidenced by: Security Staff and Non-Security Staff First Responders Interviews (c) Resident victims of sexual abuse while incarcerated are offered timely

	information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: Medical and Mental Health Screening and Access to Treatment Policy Medical and Mental Health Staff interviews (d) Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As evidenced by: Medical and Mental Health Screening and Access to Treatment Policy Medical Care and Administration of Medication Policy Based on the evidence presented, the facility is in compliance with this standard.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. As evidenced by: Medical and Mental Health Screening and Access to Treatment Policy (b) The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. At the time of the audit, there were no residents who reported sexual abuse. As evidenced by: Medical and Mental Health Staff interviews (c) The facility will provide such victims with medical and mental health services

	consistent with the community level of care. As evidenced by: Medical and Mental Health Staff interviews (d) This is an all-male facility. As evidenced by: PAQ (e) This is an all-male facility. As evidenced by: PAQ (f) Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. As evidenced by: Medical and Mental Health Screening and Access to Treatment Policy (g) 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. As evidenced by: Medical and Mental Health Screening and Access to Treatment Policy (h) According to the PAQ and exclusionary criteria, CJR does not accept sex offenders. As evidenced by: PAQ Section III – Proposal Kit (exclusionary criteria) Medical and Mental Health Staff interviews Based on the evidence presented, the facility is in compliance with this standard.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	(a) The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. According to the PAQ, in the past 12 months, there were no criminal or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. As evidenced by: Sexual Assault and Harassment Prevention Policy Investigation Summary Report (agency sample) Data Collection Worksheet PAQ (b) The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. According to the PAQ, in the past 12 months, there have not been any criminal and/or administrative investigation of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. As evidenced by: Sexual Assault and Harassment Prevention Policy Investigation Summary Report (agency sample) Data Collection Worksheet PAQ (c) The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The primary incident review team includes the Program Director, PREA Coordinator, PREA Compliance Manager, and Medical and Mental Health staff. As evidenced by: Sexual Assault and Harassment Prevention Policy Program Director interview (d) The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits the report to the Program Director and PREA Compliance Manager. As evidenced by:

	Sexual Assault and Harassment Prevention Policy Data Collection Worksheet Program Director interview PREA Compliance Manager interview Incident Review Team interviews (e) The facility implements recommendations for improvement or documents its reasons for not doing so. As evidenced by: Sexual Assault and Harassment Prevention Policy Based on the evidence presented, the facility is in compliance with this standard.

115.387	**Data collection**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	(a) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. As evidenced by: Sexual Assault and Harassment Prevention Policy Survey of Sexual Victimization (SSV) – 2021, 2022, 2023 Quarterly Incident Review Meeting samples (b) Exceeding this standard, the agency aggregates the incident-based sexual abuse data on a quarterly basis. As evidenced by: Quarterly Incident Review Meeting samples Survey of Sexual Victimization (SSV) – 2021, 2022, 2023 (c) The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. As evidenced by:

	Survey of Sexual Victimization (SSV) – 2021, 2022, 2023 Quarterly Incident Review Template Incident Review Chart (d) The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. As evidenced by: Sexual Assault and Harassment Prevention Policy (e) According to the PAQ, the agency does not contract with private facilities for the confinement of its residents. As evidenced by: PAQ (f) The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. According to the PAQ, CJR completes the SSV reports and sends them to their funding source who reports to DOJ. As evidenced by: Survey of Sexual Victimization (SSV) – 2021, 2022, 2023 PAQ Based on the evidence presented, the facility exceeds compliance with this standard due to aggregating incident-based sexual abuse data on a quarterly basis.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency reviews 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; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. As evidenced by: Sexual Assault and Harassment Prevention Policy

	Year-End Reviews – 21-22, 22-23, 23-24 COO interview PREA Coordinator interview PREA Compliance Manager interview (b) The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. As evidenced by: Year-End Reviews – 21-22, 22-23, 23-24 (c) The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the COO. As evidenced by: Website Review COO interview (d) When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency would indicate the nature of material redacted. As evidenced by: Year-End Reviews – 21-22, 22-23, 23-24 Website Review PREA Coordinator interview Based on the evidence presented, the facility is in compliance with this standard.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency ensures that incident-based and aggregated data are securely retained. During the site review, the physical storage area of any information/ documentation collected and maintained in hard copy was observed to be secured with limited access; and electronic safeguards were in place, such as password

	protection and restricted access. Informal conversations with staff confirmed that access to secure information is secure and restricted. As evidenced by: Retention of Case Records Policy Precautions Taken to Ensure Security and Confidentiality of records/Information Policy Site Review Checklist PREA Coordinator interview (b) Agency policy requires that aggregated sexual abuse data from facilities under its direct control be made readily available to the public, at least annually, through its website. As evidenced by: Sexual Assault and Harassment Prevention Policy Website Review (c) Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. As evidenced by: Website Review (d) The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. As evidenced by: Sexual Assault and Harassment Prevention Policy Website Review of Historical Data Based on the evidence presented, the facility is in compliance with this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) A review of the agency website verifies that during the three-year period starting

	on August 20, 2013, and during each three-year period thereafter, the agency ensured that this facility operated by the Agency is audited at least once. As evidenced by: Website Review (b) This is the third year of the current audit cycle. The agency has ensured that at least two-thirds of each facility type operated by the agency were audited during the first two years of the current audit cycle. As evidenced by: Website Review (h) The auditor had full access to, and observed, all areas of the audited facility. As evidenced by: Site Review Checklist (i) The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). As evidenced by: PAQ Issue Log Data Collection worksheets (m) The auditor was permitted to conduct interviews with residents in a private setting. (n) Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel, Notice of Audit (NOA) signage was posted in all housing areas. Staff understood the process for mailing confidential mail to the auditor. The NOA was provided to the facility by the auditor and contained language regarding the confidential nature of any correspondence sent to the auditor. All information included on the NOA was accurate. The auditor did not receive any written correspondence from residents, staff, or third party. As evidenced by: Notice of Audit signage Site Review Checklist Based on the evidence presented, the facility is in compliance with this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(f) The agency ensures that the auditor’s final reports are published on the agency’s website. As evidenced by: Website Review Based on the evidence presented, the facility is in compliance with this standard.

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	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	yes

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

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

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

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

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

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
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 responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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.)	yes
115.341 (a)	**Obtaining information from residents**	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

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

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

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	**Exhaustion of administrative remedies**	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	**Exhaustion of administrative remedies**	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

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

	accordance with these standards?	
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	**Criminal and administrative agency investigations**	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	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	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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