

# PREA Facility Audit Report: Final

**Name of Facility:** Rev. Edward M. Dempsey Drug Services Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/02/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jennifer L. Feicht	<b>Date of Signature:</b> 12/02/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Feicht, Jennifer
<b>Email:</b>	jennifer@jlfconsulting.net
<b>Start Date of On-Site Audit:</b>	07/28/2021
<b>End Date of On-Site Audit:</b>	07/29/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Rev. Edward M. Dempsey Drug Services Program
<b>Facility physical address:</b>	900 Watertown Avenue, Waterbury, Connecticut - 06708
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	900 Watertown Ave., Waterbury, Connecticut - 06708

Primary Contact	
<b>Name:</b>	Jamie Calvano
<b>Email Address:</b>	jcalvano@cnvhelp.org
<b>Telephone Number:</b>	203-756-8984 ext.111

Facility Director	
<b>Name:</b>	Janane Silva
<b>Email Address:</b>	jsilva@cnvhelp.org
<b>Telephone Number:</b>	203-756-8984 ext.110

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

Facility Characteristics	
<b>Designed facility capacity:</b>	34
<b>Current population of facility:</b>	32
<b>Average daily population for the past 12 months:</b>	15
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-65
<b>Facility security levels/resident custody levels:</b>	community
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	23
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	Central Naugatuck Valley Help, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	900 Watertown Avenue, Waterbury, Connecticut - 06708
<b>Mailing Address:</b>	900 Watertown Ave., Waterbury, Connecticut - 06708
<b>Telephone number:</b>	203-756-8984 ext. 1114

Agency Chief Executive Officer Information:	
<b>Name:</b>	Maria Coutant-Skinner
<b>Email Address:</b>	maria.skinner@mccallcenterct.org
<b>Telephone Number:</b>	860-496-2100

**Agency-Wide PREA Coordinator Information**

**Name:** Jamie Calvano

**Email Address:** jcalvano@cnvhelp.org

## AUDIT FINDINGS

### Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

CNV Help, Inc. contracted with the PREA Auditors of America for the 2021 PREA audit required by the federal law. PREA Auditors of America contracted with this Auditor to perform the actual PREA Audit utilizing the Community Confinement PREA Standards. The audit was then scheduled to be conducted July 28-29, 2021.

During the pre-audit phase of the audit, the audit notice was sent via email to the PREA Coordinator for the agency to be posted. These notices were posted beginning June 24, 2021. These notices were posted throughout the facility when this Auditor was onsite.

The program chose to complete this PREA audit utilizing the Online Audit System (OAS) developed by the PREA Resource Center and the PREA Management Office. The Pre-Audit Questionnaire (PAQ) was completed in the system and supporting documentation was uploaded under the appropriate standard in the system. This Auditor was able to go into the system and review the documentation and did have some questions for the onsite visit based on that review.

On the first day, the Auditor met with the PREA Coordinator to discuss any further questions she had and to gather the requested information. She indicated that the program had 32 residents at that time. After that initial meeting was conducted, the PREA Coordinator took this Auditor for a tour of the facility. As noted in the Facility Characteristics section of this report, this Auditor was able to visit all areas of the building, both inside and outside.

The tour started on the second floor of the building where the front entrance is. Administrative offices are housed near the front entrance which opens to a large foyer area. Next, we viewed the phone room which residents are allowed to use in the evenings. Following the phone room, we viewed the group room and day room areas. These two areas are utilized quite extensively throughout the day.

After the group and day room, we viewed the small laundry room used by residents of the program which led next to the dining room. Off the dining room, there were staff offices for those that work with the program. Close to the dining room and staff offices, there is a weight room that residents may use. There are two doors to this area and when it is open for use and is being used, staff monitor it, and the door is always required to be open.

Across from the weight room is the medication room where medication is stored for the residents. There are specific times a day when they can get their medication and this room is camera monitored at all times.

The last area on the second floor that was viewed was the kitchen and pantry areas. The kitchen has a mirror and a new camera placed in the kitchen area as well.

Next, the PREA Coordinator took this Auditor to the third floor. This floor is comprised completely of sleeping rooms. There are three types of rooms on this floor. There are rooms designed for four people to occupy them, rooms designed for two people and there are single rooms. The PREA Coordinator indicated that residents work to do well so that they may eventually get into one of the single rooms for my privacy. It acts as an incentive for the residents to work the program and do well.

The bathrooms are single person bathrooms which are attached or very near the bedroom that it is assigned to. In some instances, a bathroom is between two bedrooms and is shared by those occupants.

The PREA Coordinator discussed how the staff are able to move residents around to provide options not to house a potential victim and potential abuser together. The single rooms also provide an option if there were any transgender individuals who enter the program.

One other room on the third floor is a library for use by the residents of the DSP. This room could be used for a small group or one-to-one meeting if necessary.

Lastly, the PREA Coordinator took this Auditor to the first floor of the building. This floor houses offices, including the PREA Coordinator's office, and the Rogers House residents. Residents of DSP are not permitted to be on the first floor of the building and Rogers House residents are not allowed on any other floor in the building. This concluded the tour of the facility.

Next, this Auditor took the lists of information provided by the PREA Coordinator and chose the people that would be interviewed during this process, both residents and staff. Since the census of the program was 32, this required this Auditor to conduct a minimum of ten resident interviews, five to be randomly chosen and five to be chosen from specific populations.

Through review of the documentation provided and a conversation with the PREA Coordinator, she certified that there were not five residents which fit into the specific categories for targeted interviews. She indicated that there were only four. The categories those individuals fit into were as follows.

- o Two who identified as gay, bisexual or gender non-conforming
- o One who spoke English but spoke better Spanish
- o One who had a physical disability

As such, these four individuals were interviewed, and six residents were randomly selected to ensure that at least ten were interviewed.

Staff members were chosen from each shift and randomly and the specialized staff members were identified. These specialized staff were as follows.

- o PREA Coordinator
- o Program Director/PREA Compliance Manager
- o Intake Coordinator
- o Human Resource Director
- o Executive Director – she was interviewed the day before as part of the audit for the agency that CNV Help, Inc. is merging with

This Auditor then identified the eight personnel files to be reviewed and the ten resident files which would be reviewed. Those files were brought to the office this Auditor was working in to be reviewed as time permitted throughout the day.

Primarily, interviews of staff were conducted on the first day, although there were two residents who were interviewed on that day as well. The second day, the focus was to conduct resident interviews, with two staff interviewed as well. This schedule of interviewing was due to the staff and resident schedules for the specific days of the week the audit took place on.

At the conclusion of the interviews and document review, the PREA Coordinator and this Auditor met to discuss the initial findings of the audit. At that time, this Auditor emailed the PREA Coordinator the items that were discussed at that time. Very quickly after the last day of the audit, the PREA Coordinator provided a response and supporting documentation to the issues that were identified onsite. This information brought the facility into compliance with the PREA standards.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Reverend Edward M. Dempsey Drug Services Program is a program operated by CNV (Central Naugatuck Valley) Help, Inc. The overall agency was founded in 1970 by a group of parents in Waterbury, Connecticut, who had children in need of substance abuse treatment. Together, these parents raised enough money to start the agency. The Dempsey Drug Services Program (DSP) still operates in Waterbury today at 900 Watertown Ave., Waterbury, CT 06708.

Since that time, the agency has expanded and is now comprised of seven distinct programs which employ sixty-five full time staff members. The agency offers mental health and addiction services funded through the Department of Mental Health and Addiction Services and the Judicial Department.

The brick building the program is housed in has three levels to it. Two programs are housed at this location, DSP and Rogers House, a residential mental health program. DSP is a 34-bed facility and 15 of those beds are contracted to the Court Supervision Services Division for male individuals who are on probation or parole.

The building has a large lot it sits on which allows the residents to have time outside when they have free time. There is a picnic area, volleyball court, gazebo and basketball hoop. There is a camera outside to monitor the area and a staff will also be outside when there are residents out there.

When you walk into the building in the front door, this is the second floor of the building. This floor has a number of functions it serves.

There are administrative offices, group and day rooms, phone room, laundry room, dining room, weight room, medicine room, and a kitchen/pantry area. Cameras in all areas are placed to have an electronic view of blind spots or hard to see areas in the facility.

The first floor of the facility, which is a basement area houses the Rogers House program of six beds and staff offices. Residents from DSP are not permitted in this area.

The third floor of the building is where the housing area is for the DSP program. There are three "dorm" areas on this floor. At one time this was a co-ed program, however, several years ago it transitioned back to an all-male program. And as noted in this report, there are a total of 34 beds in this program. However, during the pandemic, the census was reduced to 26 participants. They program returned to full census in March 2021.

The dorms have a number of rooms in each. There are four-man rooms, two-man rooms and single rooms. Each of these rooms have either their own bathroom or share the bathroom with one other room.

Additionally on the third floor is a library for use by the residents of the DSP program and is sometimes used for small groups or individual meetings.

The program operates with 18 staff members. Most of the staff members are counselors or therapists, however, there are also residential counselors who which provide counseling services as well as ensuring the safety of the residents in the program 24/7.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

The Reverend Edward M. Dempsey Drug Services Program meets the standard for all PREA standards.

## 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.

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">The agency has also established a Zero Tolerance Policy. It reads as follows.</p> <p data-bbox="229 318 1509 510"><i>Central Naugatuck Valley Help, Inc. will provide a safe and secure environment for all clients who are in the agency's care. The agency has a zero- tolerance of sexual abuse and sexual harassment. The agency administers a program of education, prevention, detection, response, investigation, and tracking of all reported acts of sexual abuse and sexual harassment and follows the requirements set forth in The Prison Rape Elimination Act of 2003, 45 U.S.C. § 15601, et seq and the Connecticut General Statutes §§ 6-32d, 17a-101, 17a-101b, 18-81cc in its community justice residential programs.</i></p> <p data-bbox="229 510 1509 752">CNV Help, Inc. operates one program which accepts offenders sentenced through the court system. It has appointed both a PREA Coordinator. The Director of Residential Services fulfills the role of PREA Coordinator. When there is a report regarding PREA, the PREA Coordinator will also enlist the assistance of the Program Director, who could be classified as a PREA Compliance Manager (PCM), to aid in gathering information about the report.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Rev. E.M. Dempsey Drug Services Program (DSP) does not contract with any other entities for the placement of residents who are enrolled in the program.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 371">The DSP staff develop a staffing plan each year detailing the shifts that operate seven days per week. During the overnight shift, there is one staff member that is onsite at all times. Other shifts have more than one staff member. The development of the staffing plan entails all the required areas listed in this standard.</p> <p data-bbox="229 371 1509 488">If there is a deviation from the staff plan, this information must be referred to the PREA Coordinator immediately. The plan is reviewed on an annual basis and signed off on by the PREA Coordinator and Executive Director.</p> <p data-bbox="229 488 1509 562">During the course of the year, there were no noted deviations from the staffing plan. All posts were covered by staff members if there were open posts.</p>

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 347">The DPS is an all-male, residential treatment facility. Staff do not conduct strip searches at any time at this facility. Searches of the person, their bags, and any large pockets, are the only types of searches that are conducted with any resident.</p> <p data-bbox="231 347 1508 436">The residents at DSP are able to shower, change clothes and perform bodily functions without non-medical staff of the opposite gender seeing the resident in a state of undress.</p> <p data-bbox="231 436 1508 564">Inmates are already classified as to their gender identity when they are sentenced to this facility. There would be no need for any staff member to search an inmate to determine gender. In addition, there are no medical staff at the facility and this would be the only way a search to determine gender could be done, if the person doing the search was a medical provider.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 371">The agency/facility has implemented policies and procedures to ensure that those residents with disabilities and those who are limited English proficient understand what PREA is, how to report sexual abuse and sexual harassment and what services are available to anyone that has been a victim of either sexual abuse or sexual harassment.</p> <p data-bbox="229 371 1509 510">All residents are provided with education regarding PREA, reporting procedures for the facility and services that are available to victims of sexual abuse. Written materials, including brochures and posters, are available in both English and Spanish versions.</p> <p data-bbox="229 510 1509 627">Interviews with staff indicated when materials and information are provided to residents, staff provide the opportunity for the residents to ask questions. Staff have also discussed materials with residents individually if the resident requests further clarification or if the staff member believes there is additional assistance required.</p> <p data-bbox="229 627 1509 752">In order to understand a resident who speaks a language other than English, the facility has two contracts for interpretation services in instances where there are no staff available who speak that language. One is with the Hispanic Coalition of Greater Waterbury. The other one is with a company called Language Link Corporation, also housed in Connecticut.</p>

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1465 331">The agency meets all the requirements of the hiring and promotion standard. This determination was made by interviewing staff members and reviewing personnel files, which were chosen randomly, for review by this Auditor.</p> <p data-bbox="242 360 1474 454">The application for CNV Help, Inc. was provided for review. There is an addendum form which specifically addresses all the PREA related questions required by the standard. These forms are attached to the application and kept in the personnel file.</p> <p data-bbox="242 486 1485 613">Background checks are currently completed once the individual is chosen for a position. Once the candidate accepts the position, then the staff will have the background check is completed. The agency uses a company called Research Brothers to conduct all background checks. Currently the policy indicates that background checks will be run every five years. There is discussion that this policy will be changing to have these checks completed every four years.</p> <p data-bbox="242 645 1493 871">Upon reviewing the personnel files, it was noted that did not have any documentation providing information to the agency that they had not been involved in any sexual abuse or harassment related incidents within the last year. This issue was discussed with the human resources staff member and the PREA Coordinator. It was determined that the addendum sheet that was attached to the application would also be acceptable to be used with annual performance reviews. The PREA Coordinator had staff members who had already had their annual performance review complete this addendum form and had it attached to their annual performance review. Scanned copies of these completed forms were sent to this Auditor as verification that this standard item is now in compliance.</p> <p data-bbox="242 902 1490 996">The human resource staff member indicated to this Auditor that directors are required to complete the background checks for those they wish to hire. Those directors are the ones that are required to reach out to other confinement settings the new hire has worked at to ask questions regarding any past issues with sexual abuse or harassment at that facility.</p> <p data-bbox="242 1028 1433 1088">PREA requests for information about a previous employee would go to the human resource department for response, however, at the time of this audit, the human resource staff have not received any requests for information such as that.</p>

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 297">Dempsey DPS has not made any modifications, additions, or major renovations to the building where the program is housed.</p> <p data-bbox="242 329 1453 423">However, there have been several cameras added to the facility to provide more security for the residents of the program. The facility provided a listing of the year and cameras that were added to the facility. This list includes the following; however, specific locations will not be released.</p> <ul data-bbox="284 477 1485 734" style="list-style-type: none"> <li>• In March 2017, the facility added for additional cameras. These cameras were added in staff offices, a dorm entry way, and a dorm stairway access.</li> <li>• In June 2018, there were five cameras added to the system throughout the facility. These cameras in an office and the other four were in general common areas.</li> <li>• In June 2019, four cameras were added to the outside and perimeter of the building.</li> <li>• In September 2020, an additional four cameras were added to the perimeter of the building.</li> <li>• And lastly, in December 2020, two more cameras were added to the system monitoring the outside and perimeter of the building.</li> </ul> <p data-bbox="242 766 1474 826">According to the staff, the determination of placements of the cameras have significantly added to the safety and security of the entire facility, residents, and staff.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 190 1509 250"><b>Auditor Discussion</b></p> <p data-bbox="229 250 1509 403">The Drug Services Program does not employ or contract with medical services at the facility. In order to ensure that residents have access to medical services should they be needed, the agency/facility has entered into a Memorandum of Understanding (MOU) with the Waterbury Hospital for forensic examinations as a result of sexual abuse. This hospital has Sexual Assault Forensic Examiners (SAFE). This MOU was signed in 2012 by both CNV Help, Inc. and Waterbury Hospital.</p> <p data-bbox="229 403 1509 555">The agency/facility does not conduct any criminal investigations. Those investigations are completed by the Waterbury Police Department. The PREA Coordinator has the responsibility of conducting the administrative investigation. It is her job to determine if staff played a role in the abuse, or their lack of action, played a role in the abuse.</p> <p data-bbox="229 555 1509 660">The policy, as noted earlier in this report, does state that the forensic examinations will be conducted without financial cost to the victim.</p> <p data-bbox="229 660 1509 853">The agency/facility has also made a connection with the local rape crisis center to provide services to residents who are victims of sexual abuse. Safe Haven, a local non-profit rape crisis center, located in Waterbury, CT, and the facility have entered into a MOU so that victims of sexual abuse may access the services available by the rape crisis center. These services include crisis intervention and ongoing services as required. This memorandum was established and signed in 2014.</p>

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 392">The facility has written in policy that they will work with Waterbury Police Department. The policy is clear that the staff at the facility will not be investigating any sexual abuse allegation for criminal issues. The PREA Coordinator will ensure that the administrative investigation is completed.</p> <p data-bbox="231 392 1508 481">It is also the responsibility of the PREA Coordinator to provide any information that she may have to the Waterbury Police Department.</p> <p data-bbox="231 481 1508 571">In order for any member of the community to make a report, they may access the needed information on the agency's website. The address for the agency's website is <a href="http://cnvhelp.org/prea/">http://cnvhelp.org/prea/</a>.</p> <p data-bbox="231 571 1508 654">This website contains information on how to report sexual abuse or sexual harassment, and policies which inform the public about how the program will handle any allegations of sexual abuse or sexual harassment presented to them.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1508 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1508 456">All agency staff who work in the Drug Services Program and have direct contact with the residents are required to take training on a yearly basis. This training includes, at a minimum, the agency's Zero Tolerance policy, the rights of residents to be free from sexual abuse and harassment in this program, the rights of residents and staff to be free from retaliation, definitions of PREA, reporting opportunities, first responder duties, investigation information, dynamics of sexual abuse and harassment, common reactions to sexual abuse, and how to avoid inappropriate relationships with residents.</p> <p data-bbox="229 456 1508 546">On the opposite years, staff are required to have updates on the current PREA policy at a minimum. Some training is in person and some training is done via computer from a contracted company called Relias.</p> <p data-bbox="229 546 1508 629">The agency does track all training staff participate in. This documentation was provided for this Auditor to review and verify the training of all staff.</p>

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 432">The DSP has utilized volunteers and contractors at various times. However, with the onset of the Coronavirus, there haven't been any volunteers or contractors in the program. Typically, the only contractors who are used would be for maintenance and upkeep of the building. Volunteers are mainly interns who are working towards a college degree, usually a Master's degree. And some of those interns have become staff members, as was the case with at least one staff member who was interviewed during this audit.</p> <p data-bbox="244 465 1485 521">The agency has developed brochures for contractors which describes the policies and procedures, who to report to and other basic PREA information.</p> <p data-bbox="244 555 1430 611">In addition, the agency also developed a brochure for those that come to visit people participating in the program. This brochure describes what PREA is and who to report it to if there is a problem.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 371">Residents in the program receive PREA education almost from the moment they enter the facility. The Intake Coordinator provides the new residents with the rules of the facility and provides PREA information specifically. New residents will also be given a more detailed brochure with PREA reporting information.</p> <p data-bbox="229 371 1509 488">PREA information is posted throughout the facility, as observed by this Auditor. These materials were posted in both English and Spanish.</p> <p data-bbox="229 488 1509 564">Interviews with residents were consistent with information regarding when they first receive PREA information at the facility. All residents who were interviewed were able to discuss reporting methods clearly and were able to name more than one.</p>

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 392">Investigations of sexual abuse or sexual harassment allegations are investigated both administratively and criminally, if applicable. There is one person, the PREA Coordinator, at the facility that has taken the specialized investigations training. She is the one that begins to collection information for allegations of sexual abuse and sexual harassment at the facility.</p> <p data-bbox="231 392 1508 481">The PREA Coordinator will notify the Court Support Services Division (CSSD) of the allegation and the steps that she has taken to that point to ensure the safety of the residents at the facility.</p> <p data-bbox="231 481 1508 598">If the PREA Coordinator believes, after looking into the allegation, that there could be a potential criminal act involved, she will immediately reach out to the Waterbury Police Department to have them investigate the allegation from a criminal perspective.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The facility does not have any medical practioners onsite. If there is a medical need, the residents must either make an appointment with their own doctor or they must go to the emergency room.</p> <p data-bbox="229 353 1509 510">The staff at the facility are mental health staff. The focus of the program is on alcohol and substance abuse; however, they do provide mental health services in the realm of these issues. All staff who work with the residents of DSP are required to not only participate in the basic PREA training defined in 115.231, but also are required to participate in specialized training for mental health providers.</p> <p data-bbox="229 510 1509 600">The facility provided documentation that all staff participated in this training in June 2021. The training is provided via an online training system called RELIAS. This is a system that the agency pays for on an ongoing basis.</p> <p data-bbox="229 600 1509 687">Also provided for review was the policy covering standard 115.235, <i>Specialized training: Mental Health Care</i>. This policy is clear that staff are required to participate in both the basic training and the specialized training for mental health providers.</p>

115.241	<p data-bbox="229 69 1509 1314"><b>Screening for risk of victimization and abusiveness</b></p> <p data-bbox="229 136 1509 192"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 199 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 262 1509 398">The facility completes a risk assessment with a resident upon their initial entrance to the program. The Intake Coordinator will provide the new resident with a tour of the facility, reviews the policies and handbook of the facility, specifically reviews the PREA information, and completes the risk assessment. This is almost always completed on the first day of arrival of the new resident. However, it is always completed within the first 24 hours of arrival at the site.</p> <p data-bbox="229 405 1509 483">Once that risk assessment is completed, the information is utilized for bed placement, and placement into groups and placement in the chore list. The staff work to not place a potential victim (PV) with a potential abuser (PA).</p> <p data-bbox="229 490 1509 604">Information from the risk assessments is entered in the Aura System. This is the software the agency/facility uses for client files and other information. This system will alert the assigned treatment staff when the 30-day risk assessment needs to be completed. The Intake Coordinator also carries a small caseload, and he tracks that information on his own calendar.</p> <p data-bbox="229 611 1509 748">The facility provided the risk assessments for this Auditor to review. The required elements were included in the assessment. Interviews with the staff members showed that they are informing the residents that they are not required to answer the questions if they are not comfortable doing so. However, the staff will let them know the benefits of answering those questions.</p> <p data-bbox="229 754 1509 913">One item that was noted during the review of documentation was regarding the required 30-day risk assessment. In more than 50% of the files which were reviewed onsite, the 30-day risk assessments were not completed in that timeframe. This was discussed with the PREA Coordinator. She reviewed the files herself and agreed these assessments were not being completed in the timeframe they should have been.</p> <p data-bbox="229 920 1509 1057">After the conclusion of the audit, the PREA Coordinator provided risk assessments for people entering the program to show that the assessments were completed within 72 hours and 30 days. She also provided documentation to show that there is a change in procedure to ensure that these assessments are being completed as required. The Program Director will now be responsible for tracking the 30-day risk assessment due dates and reminding staff of when those are to be completed.</p> <p data-bbox="229 1064 1509 1178">In addition to the initial assessment and 30-day assessment, staff will conduct risk assessments if there is an allegation of sexual abuse, because of additional information becoming known involving sexual abuse or sexual harassment or a referral from a staff member.</p> <p data-bbox="229 1184 1509 1299">These assessments are kept in the client file and information is entered into the Aura system. Only the treatment staff and supervisor have access to the client file and the information stored in the Aura system.</p>
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115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 465">The staff of the facility work to ensure that potential or known victims are not placed with potential or known abusers. This is done in terms of housing and bed placement, work, education, and programming. This is relatively easy to ensure this in the housing/bed placement. As part of the programming, there are multiple groups that meet, and staff work not to place victims and abusers in the same group. When residents are assigned chores, attention is paid to ensure that victims and abusers are not assigned to the same chores at the same time. While the staff take the risk assessment information into consideration, placements are always made on a case-by-case basis.</p> <p data-bbox="242 499 1474 624">According to the staff who were interviewed, there have not been any transgender individuals in the program at least for the previous twelve months, and many could not remember when there was a transgender individual at the facility. However, the PREA Coordinator did indicate that they would meet with the individual and discuss their concerns for safety and where they would feel safe at. The facility does have a single room and the bathrooms are made for one person at a time.</p> <p data-bbox="242 658 1493 714">The facility does not have any consent decrees or judgements against it. And there are no dedicated rooms/housing units for gays, bisexuals, transgender, or intersex individuals.</p>

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 365">The agency/facility provides a number of reporting methods for residents at the Dempsey DSP. When interviewing residents at the facility, all were able to discuss at least two to three of these reporting options and all knew where they could find information on all reporting methods. Reporting methods for the Dempsey DSP include the following.</p> <ul data-bbox="244 398 1007 595" style="list-style-type: none"> <li data-bbox="244 398 788 425">o Report to any staff member, volunteer or contractor</li> <li data-bbox="244 454 600 481">o Report to the PREA Coordinator</li> <li data-bbox="244 510 620 537">o Submit a grievance or sick call slip</li> <li data-bbox="244 566 1007 593">o Tell a family member or friend who can then report it to the agency/facility</li> </ul> <p data-bbox="244 627 1410 685">The external reporting method for the residents of the facility would be to call Safe Haven of Greater Waterbury. This method of reporting is also one way that residents of the facility can report anonymously.</p> <p data-bbox="244 719 1453 813">Staff interviews also verified they are required to document any reports of sexual abuse or sexual harassment as soon as they receive those reports. Those reports are documented on an incident review form and immediately submitted to the PREA Coordinator.</p>

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency/facility does not have a grievance procedure. Therefore, all residents are required to report any instances of sexual abuse or sexual harassment immediately.

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CNV Help, Inc. has worked with Safe Haven and entered into a MOU. This MOU outlines what each side is responsible for. Safe Haven will provide crisis intervention services for sexual assault and domestic violence and ongoing services, if necessary. This agreement was signed in 2014 by both organizations and remains in effect currently.</p> <p>Safe Haven's contact information is posted throughout the facility on posters and is provided in brochures if residents should need to contact them. This Auditor personally observed these posters throughout the facility.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1465 365">The agency/facility has established four methods for those outside of the organization/program to report sexual abuse or sexual harassment. These methods are posted on the agency's website under the PREA section at the following address.  <a href="http://cnvhelp.org/prea/">http://cnvhelp.org/prea/</a></p> <p data-bbox="244 396 783 423">The four methods listed on the website are as follows.</p> <ul data-bbox="244 454 1404 685" style="list-style-type: none"> <li data-bbox="244 454 1026 481">o Call (203) 756-8984 ext. 1114 and ask to speak with the PREA Coordinator</li> <li data-bbox="244 512 1385 539">o Call (203) 756-8984 ext. 1114 and leave a confidential message (all messages of concerns will be investigated)</li> <li data-bbox="244 571 1401 629">o Leave a note in the locked box located inside of the program building (all locked boxes are checked by the PREA Coordinator)</li> <li data-bbox="244 660 1284 687">o Call our external collaborative reporting source at (203) 753-3613 (Safe Haven of Greater Waterbury)</li> </ul>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 405">The Rev. E.M. Dempsey Drug Services Program staff members were interviewed, and all were asked about what their duty to report is regarding any allegations which they receive in any manner, verbally, written, through a third party, etc. All staff were able to clearly articulate the steps that they are required to take should they receive information about sexual abuse or sexual harassment at the facility. This also included who they are to report to.</p> <p data-bbox="229 405 1509 629">If staff receive information about sexual abuse or sexual harassment, they are to ensure the safety of the resident at that time and immediately notify either the PREA Coordinator/Director of Residential Services, the Program Director, or the Executive Director. Most indicated that they would notify either the PREA Coordinator or the Program Director. Staff were also able to relay that the policy states that they are not to share any PREA related information with other staff members, except in a situation where it relates to the investigation or with the victim's service provider for the purpose of providing treatment related to the sexual abuse or sexual harassment allegation.</p> <p data-bbox="229 629 1509 763">As all staff who work in this program are considered treatment or mental health staff, all are required to inform the residents before they begin speaking with them about the confidentiality they have and the limits of the confidentiality. This is done at the beginning of the treatment relationship when the resident is assigned to a staff member.</p> <p data-bbox="229 763 1509 819">The program does not accept any individual who is under the age of 18 years old.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 389">During the interviews with staff members, the PREA Coordinator and Program Director indicated that if they learned of a situation where a resident was in imminent risk of being sexually abused, they would work with the resident to ensure that resident's safety. Depending upon what the imminent threat was, there would be options available.</p> <p data-bbox="229 389 1509 501">The facility has bedrooms with different capacities. If they felt that being alone in a room was the best solution, they could move that resident to another room. Likewise, if they felt that they would be safer in a room with other people, then that change could be made.</p> <p data-bbox="229 501 1509 598">Both staff indicated they would work with other staff and the resident to determine what the best solution to the situation would be.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">Through conversations with the staff, it was indicated that they have not had any reports of sexual abuse occurring at a correctional facility. However, the staff were clear that this information would need to be provided to the facility that the report was about.</p> <p data-bbox="229 367 1509 479">The Program Director indicated that this information would need to be provided quickly to the other facility. She indicated that there would initially be a phone call followed up by an email for documentation purposes.</p> <p data-bbox="229 479 1509 591">Upon reviewing the Policy 115.263 Reporting to other confinement facilities., it also indicates that the facility must provide notification to CSSD within the same 72-hour timeframe. This is requirement is an obligation under the contract with the state to provide services to these individuals. This policy also lists what information must be retained regarding the report.</p> <p data-bbox="229 591 1509 719">The policy and staff who were interviewed regarding this standard were both clear that if a report of sexual abuse was received from another confinement facility about the Rev. E.M. Dempsey Drug Services Program, an investigation would need to be commenced immediately. No reports have been received about sexual abuse at the facility.</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 365">Actions required to be taken by staff members if they are the ones that are the first to receive an allegation of sexual abuse are clearly indicated in Policy 115.264 Staff first responder duties. All staff who were interviewed as part of the audit process were able to articulate the steps that they must take.</p> <p data-bbox="242 398 1485 524">All staff who were interviewed stated they would immediately separate the alleged victim from the alleged abuser. The next step they would take would be to call for their supervisor or another supervisor should their direct supervisor not be available. They would ensure the involved parties did not take any actions that may destroy any type of evidence and they would not allow anyone into the crime scene if they knew where that was.</p> <p data-bbox="242 557 1485 651">The answers provided by staff are in alignment with the policy with one exception. The staff all indicated the second step they would take would be to call their supervisor for assistance. This is not listed in the policy. It would be the recommendation that the facility include that as a revision to policy since it does appear that the practice would be to do this.</p> <p data-bbox="242 712 1485 806">The policy also indicates that if the person who is disclosed to is not a staff member, the person should request that the victim does not take any actions that may destroy evidence and then to immediately notify staff. This could apply to volunteer interns or contractors.</p>

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 398">The facility has a written response plan for allegations of sexual abuse or sexual harassment that are reported to staff. This plan is a chart which lists all the responsible people in a situation including the First Responder, Program Director, Assigned Staff, and PREA Coordinator. For each of these positions, the chart lists what the duties are for that specific position when responding to an incident of sexual abuse or when responding to an incident of unwanted sexual contact or harassment.</p> <p data-bbox="244 405 1453 465">This chart is really a checklist for staff to ensure that all the correct actions were taken in response to the allegation. The chart has places for the staff to initial and date when each of those actions occurred.</p> <p data-bbox="244 495 1442 555">This chart is shared with all staff and some staff who were interviewed indicated that they knew what the chart was even though they had never had to use it.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency does not have any type of union or collective bargaining unit that it must work with at the time of the audit.

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1473 331">As mentioned earlier in this report, the facility has not had any PREA allegations during the preceding twelve months to this audit. Therefore, there was no applicable documentation to review for this standard.</p> <p data-bbox="244 360 1490 421">The PREA Coordinator did indicate during her interview that the responsibility of monitoring for retaliation would fall as one of her duties. This is true for monitoring both staff and residents.</p> <p data-bbox="244 450 1477 510">She did indicate that as part of the Incident Review Template, there is a space on that form to document all interactions with any parties that are being monitored including the victim, staff, and any other person who may be involved in the case.</p> <p data-bbox="244 539 1469 600">During the interview, she did indicate that she would not only speak with the person being monitored but would also look at other items such as disciplinary issues.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 405">CNV Help, Inc. does not conduct any criminal investigations of sexual abuse or sexual harassment. The PREA Coordinator is responsible for gathering the initial information when a report of sexual abuse or sexual harassment has been made. If, during that initial phase of gathering information, the PREA Coordinator feels that there may be criminal elements to the report, she will immediately contact the Waterbury Police Department do complete the criminal investigation.</p> <p data-bbox="229 405 1509 577">After gathering the information she able to from the report and talking with the parties involved, she works together with CSSD to determine what the outcome of the allegation will be. CSSD, also known as Court Support Services Division, is the state entity that contracts with CNV Help, Inc. to provide drug and alcohol treatment services to those that are sentenced to the program.</p> <p data-bbox="229 577 1509 651">The PREA Coordinator will not conclude the investigation and gather of information and evidence due to either the involved resident or staff member leaving the facility or employment. All investigations will be carried through to a determination.</p> <p data-bbox="229 651 1509 741">If the PREA Coordinator has to make a referral for criminal investigation to the Waterbury Police Department, she will work to keep in touch with investigators in order to stay informed of the progress of the criminal case.</p> <p data-bbox="229 741 1509 864">The PREA Coordinator provided a certificate of completion for investigative training through the RELIAS program. This is the program used for all the PREA training for Dempsey DSP. That training, titled <i>PREA Investigations: What Happens After an Allegation</i>, was completed on December 23, 2020.</p> <p data-bbox="229 864 1509 934">There have been no allegations and subsequent investigations in the previous twelve months to this audit.</p>

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	When interviewing the PREA Coordinator, she was able to talk about the standard of evidence used do to make the determination/outcome of the investigation or case. While she does not have the final determination of the outcome of administrative investigations, she is involved in the gathering of information initially. And she understands the process so that she is able to discuss that with the resident(s) involved in the allegation.

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Dempsey DSP staff, specifically the PREA Coordinator or the Program Director, are the people responsible for informing a resident about the outcome of an investigation. The PREA Coordinator is the one that works closely with CSSD in the administrative investigation. Additionally, she would also be the one to work with Waterbury Police Department to keep apprised of the criminal investigation.</p> <p>All notifications to the resident are documented on the PREA Incident Investigation form, under the section labeled Victim Notification of Outcome. This section provides a place for the staff member to write information about what was discussed in the notification and for the resident to sign this documentation.</p> <p>The policy regarding standard 115.273 clearly outlines all information that must be provided to the victim of a sexual abuse investigation.</p>

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1474 398">The agency has a policy regarding the discipline of staff members and discipline that could result from misconduct with residents related to PREA. The policy outlines that the presumptive action for a substantiated investigation of sexual abuse is termination. All discipline shall be directed by the Executive Director of the agency and will be fair and just and in alignment with other offenses of a similar nature.</p> <p data-bbox="244 432 1474 490">The facility did provide a statement to this Auditor that there has never been an allegation of sexual abuse against and staff member and therefore no investigations or discipline of staff has occurred due to PREA.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 333">As with staff members of the agency/facility, volunteers and contractors are held to the same standard of conduct. However, if a volunteer or contractor was found to have violated the PREA policy, they would immediately be let go.</p> <p data-bbox="244 362 1445 425">Additionally, the policy directs that if there was any criminal activity, the allegation would be turned over to the Waterbury Police Department for criminal investigation.</p> <p data-bbox="244 454 1222 481">And for those substantiated cases, information would be provided to any relevant licensing bodies.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">The agency/facility has a written policy regarding the discipline of residents who are found to have violated the PREA policy of CNV Help, Inc. There are multiple factors which are taken into consideration for the resident when determining the discipline for violating the PREA policy. Those factors include, but are not limited to, the following.</p> <ul data-bbox="229 367 1509 658" style="list-style-type: none"> <li data-bbox="229 367 1509 412">o Will be commensurate with the nature and circumstances of the abuse committed</li> <li data-bbox="229 412 1509 456">o A resident's disciplinary history</li> <li data-bbox="229 456 1509 501">o Consideration of the resident's intellectual disabilities</li> <li data-bbox="229 501 1509 546">o Consideration of any mental illness</li> <li data-bbox="229 546 1509 658">o Sanctions imposed for comparable offenses by other residents with similar histories</li> </ul> <p data-bbox="229 658 1509 770">The policy is clear that sexual contact with a staff member that did not consent will result in sanctions up to and including removal from the program. The policy also states that sexual contact between residents is strictly prohibited and also will result in sanctions up to and including removal from the program.</p> <p data-bbox="229 770 1509 882">The staff also provided information that there have been no residents that have been removed from the program as a result of PREA related allegations.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1490 398">This facility does not provide any type of medical care to residents of the program. If there is a situation in which the resident discloses, they have been sexually abused, the staff will assist that resident in getting to the local hospital for medical treatment. The facility does have in its policy that <i>“Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</i></p> <p data-bbox="244 432 1469 521">If there is an allegation of sexual abuse, the staff will immediately take action to protect the victim. Interviews with staff all indicated that as soon as they are told of sexual abuse, they will immediately tell the PREA Coordinator, and if she is not at the facility at that time, they will reach out to her via phone.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 405">As noted, prior in this report, the facility does not employ or contract with any medical staff to provide medical services to those that are participating in the program. If medical care is required, the resident must either go to their personal doctor or an emergency room. The closest hospitals to the facility are Waterbury Hospital and St. Mary's Hospital. Waterbury Hospital is approximately one mile away and have SAFE nurses available. This is the hospital that is utilized most often by residents.</p> <p data-bbox="229 405 1509 577">If there are mental health needs outside of drug and alcohol issues, residents may be referred to an outside mental health provider and will receive a referral to Safe Haven, the local rape crisis center. While there are mental health professionals who work at the agency, the DSP and its staff focus specifically on drug and alcohol abuse issues.</p> <p data-bbox="229 577 1509 696">According to policy 115.283, Medical and Mental Care, number 7, <i>"Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."</i></p>

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">According to documentation provided and staff interviews, it is noted that this facility has not had any allegations/investigations in the previous twelve months. However, when the PREA Coordinator was interviewed, she was able to discuss the process for conducting a sexual abuse incident review.</p> <p data-bbox="229 367 1509 456">The policy is clear about the process and was in line with the interview of the PREA Coordinator. The facility has established a PREA Committee comprised of the following positions.</p> <ul data-bbox="229 456 1509 748" style="list-style-type: none"> <li data-bbox="229 456 1509 501">o PREA Coordinator (Director of Residential Services)</li> <li data-bbox="229 501 1509 546">o Executive Director</li> <li data-bbox="229 546 1509 591">o Chief Clinical Officer</li> <li data-bbox="229 591 1509 636">o Program Director (Drug Services)</li> <li data-bbox="229 636 1509 680">o Human Resources Administrator</li> </ul> <p data-bbox="229 680 1509 770">This is a standing committee that reviews and discusses all PREA related issues that arise in the facility. When they are completing a sexual abuse incident review, they seek additional input from investigators, the Clinical Supervisor, and the Advanced Practice Registered Nurse (APRN), if appropriate.</p> <p data-bbox="229 770 1509 860">The facility has developed a standardized form which records answers to all the required questions defined in 115.286. This form also is where any monitoring for retaliation is recorded.</p>

115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 360">It is the responsibility of the PREA Coordinator to gather and maintain statistics related to allegations of sexual abuse and sexual harassment and the investigations for those allegations, along with their outcomes. All information is gathered on an annual basis.</p> <p data-bbox="244 396 1490 486">She is required to report this information to the Executive Director of the agency, as well as to the state of Connecticut and the Department of Justice, if requested. These reports are also made available to the general public on the agency's website found at <a href="http://cnvhelp.org/prea/">http://cnvhelp.org/prea/</a>. Yearly reports found on the website date from 2014 to 2020.</p> <p data-bbox="244 521 1461 580">Also provided for review was the agency's policy <i>115.287 Data Collection</i>. It is clear that the agency will utilize a standard set of definitions and a standardized instrument.</p>

115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 365">As noted earlier in this report, the agency is responsible for creating an annual report each year which discusses the number of allegations and investigations in addition to identifying any problem areas related to PREA and any corrective action that has been taken to improve the prevention, detection and response to sexual abuse and sexual harassment at CNV Help, Inc.</p> <p data-bbox="244 432 1437 490">According to policy and staff interviews, the annual reports have any and all personal information redacted to ensure the safety and security of the facility.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 331"><i>Policy 115.289 Data storage, publication, and destruction</i> directs that the agency ensures that all data is securely retained and kept for at least ten years after the date of the initial collection.</p> <p data-bbox="242 362 1477 490">The staff at the facility all must log into their computers once the computers are left still for a short period of time, or the staff member secures the computer terminal if they are leaving it unattended. This Auditor witnessed staff signing back into the computer to access information. Additionally, interviews confirmed that not all staff have access to all data housed on the company's server.</p> <p data-bbox="242 521 1477 613">As a contractor of the state of Connecticut to house offenders, CNV Help, Inc. is required to provide statistical data to the state for inclusion in the annual report created by the state. A copy of this document was provided to this Auditor for review. However, CNV Help, Inc. does not contract with any other facility to house offenders.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The facility was immensely helpful and open with this Auditor. All areas of the facility were toured. No area was off limits to this Auditor. And the staff answered all questions that were posed by this Auditor during the tour.</p> <p data-bbox="229 353 1509 470">Also, during the tour, it was noted that audit notices were posted throughout the facility. When staff and residents were interviewed, they indicated that they believed they could write to this Auditor if they so choose to. It should be noted that no letters were received from either staff or residents from this facility.</p> <p data-bbox="229 470 1509 568">This Auditor was able to view all documents requested such as personnel files and resident files. And all interviews were able to be conducted in a private, confidential setting.</p> <p data-bbox="229 568 1509 651">This facility does not contract with any other facility for housing of residents. This facility is a stand-alone agency and only accepts people that they have a bed for at that time.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CNV Help, Inc. has followed the appropriate reporting requirements according to the standard. The facility has had two previous PREA audits conducted, one in 2015 and one in 2018. Both audit reports are available on the agency's website at the following address.</p> <p style="text-align: center;"><a href="http://cnvhelp.org/prea/">http://cnvhelp.org/prea/</a></p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of 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 the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with 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 confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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 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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a 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.)	na
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to 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.)	na
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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 regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial 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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes