

PREA Facility Audit Report: Final

Name of Facility: Hotchkiss House

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/28/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Ronell Prioleau	Date of Signature: 08/28/2024

AUDITOR INFORMATION	
Auditor name:	Prioleau, Ronell
Email:	r.priolo@yahoo.com
Start Date of On-Site Audit:	07/15/2024
End Date of On-Site Audit:	07/16/2024

FACILITY INFORMATION	
Facility name:	Hotchkiss House
Facility physical address:	25 Hotchkiss Place, Torrington, Connecticut - 06790
Facility mailing address:	58 High Street, Torrington, Connecticut - 06790

Primary Contact

Name:	Jamie Calvano
Email Address:	jamie.calvano@mccallbhn.org
Telephone Number:	203-756-8984 ext. 11

Facility Director	
Name:	Melissa Robles-Gray
Email Address:	melissa.gray@mccallbhn.org
Telephone Number:	860-496-2100 ext 220

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

Facility Characteristics	
Designed facility capacity:	13
Current population of facility:	10
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-60
Facility security levels/resident custody levels:	Mixed Model Recovery House
Number of staff currently employed at the facility who may have contact with	9

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
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Name of agency:	McCall Behavioral Health Network
Governing authority or parent agency (if applicable):	
Physical Address:	58 High Street, Torrington, Connecticut - 06790
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
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Name:	Jamie Calvano	Email Address:	jamie.calvano@mccallbhn.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

1

- 115.221 - Evidence protocol and forensic medical examinations

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-15
2. End date of the onsite portion of the audit:	2024-07-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Susan B. Anthony Project

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	13
15. Average daily population for the past 12 months:	12
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	13
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>10</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I reviewed the number of inmates required to interview. I reviewed all the inmate races, age span and varied release dates within the population. I then ensured I selected a variety of race, age and release dates. I further ensured I selected inmates from each housing unit. I also considered program assignments.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	There were only eight residents in the facility on both days. The auditor interviewed all the residents that were available to interview.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	I arrived early and stayed late and were only able to interview eight residents. Several residents worked off site.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ collaborated this information. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ collaborated this information. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ collaborated this information. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The completed PAQ collaborated this information. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>3</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	1. Incident Review Team Member 2. Risk Screening Staff
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

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

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no cases of sexual harassment.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no cases of sexual harassment or sexual abuse.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the name of the third-party auditing entity

Corrections Consulting Services

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> • 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
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Policy 2. Organizational Chart 3. Random Staff Interviews <p>Hotchkiss House Community Center (HHCC) has implemented an agency-wide procedure, the Prison Rape Elimination Act (PREA) Operating Procedure, which enforces a strict no-tolerance policy towards sexual assault, abuse, and harassment. The PREA policy outlines HHCC’s strategy for training its employees, volunteers, and contractors on how to prevent, detect, and respond to such incidents, and it emphasizes the staff’s obligation to report any such occurrences. A designated PREA Coordinator, who reports to the Agency Head, has been appointed agency wide. The audit team has meticulously reviewed the agency’s policies, procedures, and organizational chart, and has conducted interviews with both staff and</p>

	<p>residents.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. PCM Interview Notes 2. PC Interview Notes 3. OAS Information <p>The McCall Center for Behavioral Health or Hotchkiss House Community Center does not enter into contract with other agencies to house its residents.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Staffing Plan 2. Staff Schedule 3. PC Interview Notes 4. Specialized Staff Interview Notes 5. Weekly Facility Checklist 6. Informal Interviews 7. Site Review Observations

	<p>8. Completed PAQ</p> <p>PREA Policy 115.213 and Staffing Plan for Hotchkiss House Community Center mandates that the McCall Foundation will provide staffing and monitoring at facilities in accordance with contractual and PREA obligations and that aligns with recognized detention and correctional practices. The staffing plan outlines the minimum number of staff required for the program during all 3 shifts, 7 days per week. It further indicates the frequency of head counts and rounds. This plan is reviewed on an annual basis, and any issues that are identified are prioritized and addressed. The staffing plan considers a variety of factors; these include the physical layout of the facility, the population of offenders, the placement of supervisory staff, institutional programs, local laws, and incidents of sexual abuse, there have been no issues with staffing shortages. This was verified through staff interviews.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 115.215 2. Random Staff Interview Notes 3. Random Resident Interview Notes 4. Informal Resident and Staff Conversations 5. Site Review Observations 6. Completed PAQ <p>Hotchkiss House Community Center policy states that offenders are not searched or physically examined for the sole purpose of determining the genital status. If the offender’s genital status is unknown, HHCC staff will initiate a conversation with the offender in a professional manner in a private setting to preserve confidentiality. Policy states that staff at HHCC do not conduct strip searches, pat down searches, or visual body cavity searches. It is prohibited for staff to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. HHCC enables residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing such activity. Staff of all gender will announce their presence when entering an area</p>

	<p>where residents are likely to be showering, performing bodily functions, or changing clothing. Transgender and intersex residents are given the opportunity to shower separately from other residents.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Random Staff Interview Notes 2. Random Resident Interview Notes 3. Informal Conversations with Residents and Staff 4. Specialized Staff Interview Notes 5. Multiple Posted Flyers 6. Completed PAQ 7. Site Review Observations 8. PC and PCM Interview Notes 9. HHCC Policy <p>The staff at the Hotchkiss House Community Center ensures that each inmate receives information about the Prison Rape Elimination Act (PREA) upon arrival. For inmates who are disabled or do not speak English, the facility provides intake and orientation materials in both English and Spanish and offers translation services if needed. Staff members also provide individual assistance to inmates who need additional help understanding the information. Additionally, the program does not rely 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, or the investigation of the resident’s allegations. Several Local Service Providers are listed for assistance with residents with disabilities.</p> <p>During the site review, the auditor observed that the facility has a written policy mandating zero tolerance towards sexual abuse and sexual harassment. The auditor observed PREA posters and other materials posted in housing units and other</p>

	<p>common areas, all of which were in English and Spanish. The facility uses various services to ensure that all inmates, including those who are limited English-speaking, have disabilities, or have a speech disability, have an equal opportunity to participate in PREA education. These services include a Welcome Handbook, and a list of various interpretation contact information and services. I verified this information by interviewing one resident who was hard of hearing.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Speciality Staff Interview Notes 2. Contractor Interview Notes 3. Staff File Reviews 4. Completed PAQ 5. HHCC Policy 115.217 6. Informal Staff Conversations <p>The agency has established comprehensive policies and procedures to identify individuals who have been convicted of sexual abuse in a confinement setting, or who have engaged in or attempted to engage in sexual activity in the community. This also extends to those who have been civilly or administratively adjudicated for the same. To facilitate this, the agency has developed an Applicant Questionnaire and Background Investigation Form. This form is designed to inquire specifically about these activities, encompassing all provisions outlined in this standard.</p> <p>To ensure the effectiveness of these measures, I conducted interviews with staff and Human Resources, verifying the utilization of the form. This was further confirmed through a review of personnel files, where it was found that the questions were consistently asked and answered. The staff interviews also confirmed that they were asked these questions.</p> <p>The documentation review revealed that this process is not only used for new applicants but is also integrated into the agency’s promotion system. This was further corroborated through agency-level interviews and discussions with promoted personnel. HHCC does not use volunteers and has no long-term contractors.</p>

	After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. PC Interview Notes 3. Specialized Staff Interview Notes 4. Completed PAQ <p>The Hotchkiss House Community Center in its commitment to maintaining a safe and secure environment, has not undertaken any significant expansion of the existing facility. There have been recent discussions for improving the centers exterior. This decision is rooted in a comprehensive understanding of the facility's current capabilities and the security and safety needs related to the resident population.</p> <p>During several interviews, it was confirmed that should there be any future expansions or acquisitions, a holistic approach to security and safety will be adopted. This approach will encompass all aspects of resident safety, with a particular emphasis on ensuring the sexual safety of all inmates and staff. This commitment to safety is a testament to the agency's dedication to upholding the rights and well-being of those within its care.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy

	<ol style="list-style-type: none"> 2. PC and PCM Interview Notes 3. Community Partner Interview Notes 4. Informal Conversations with Staff 5. Completed PAQ 6. Onsite Review Observations <p>During the onsite visit it was determined that Hotchkiss House Community Center is not responsible for conducting investigations or performing forensic examinations. The Torrington Police Department is responsible for the criminal investigations. Connecticut Court Services are responsible for administrative investigations. The Charlotte Hungerford Hospital and partner Susan B Anthony Project is responsible for SAFE/SANE forensic examinations. Additionally, although not required to conduct investigations the PREA Coordinator has completed extensive investigative training.</p> <p>Although these services have not yet been utilized at the facility, their availability was confirmed through community partner interviews and review of the memorandum of understanding. After a thorough review of all documentation and information obtained during interviews at both agency and facility levels, it was determined that the agency is compliant with the requirements of this standard and all provisions.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility exceeds the requirements of this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Specialized Staff Interviews 3. Completed PAQ 4. Informal Conversations with Staff 5. PREA Report Packet/Checklist <p>Hotchkiss House Community Center policy ensures that the administrative/criminal investigation is completed as required. Allegations that are criminal in nature are reported to the Torrington Police Department and the Court Services Support</p>

	<p>Division (CSSD).</p> <p>The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was confirmed through review of policies which outline the procedures for investigating sexual abuse and sexual harassment and staff interviews</p> <p>After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, the Auditor determined the facility meets the requirements of this standard.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. PC and PCM Interview Notes 3. Random Staff Interview Notes 4. Specialized Staff Interview Notes 5. Staff File Reviews 6. Completed PAQ <p>The agency conducts comprehensive annual training for all employees, covering the topics outlined in this standard. New hire orientation PREA training as well as the staff training curriculum provides for the initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. There is on-going staff training conducted on a regular basis. Staff interviews confirm training and the training topics.</p> <p>My review of the training curriculum and materials confirmed their thoroughness in addressing all areas. Documentation shows that 100% of staff has received the required training within the last 12 months. This was further corroborated through staff interviews and examination of training records.</p> <p>Employees undergo an initial training session followed by annual updates. Staff interviews revealed that they also receive updates during staff briefings. The training encompasses protocols for interacting with male and transgender inmates. This was verified through a review of training materials and staff interviews.</p>

	<p>Employees confirm their receipt of training through a signature, as evidenced in the sample signature acknowledgement forms reviewed. After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. PC and PCM Interview Notes 3. Visitor Sign-in Sheets 4. Training Materials 5. Completed PAQ 6. Informal Conversations 7. Contractor Interview Notes <p>Hotchkiss House community Center requires that all contractors entering the facility are properly trained on PREA as outlined in Standard 115.232. Sign-in sheets indicate that contractors have received and understand the required training.</p> <p>HHCC prioritizes comprehensive training for all volunteers and contractors who interact with inmates, ensuring they understand their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies. The training approach varies based on the services provided and the level of inmate contact. At a minimum, volunteers and contractors receive clear information about the agency’s zero-tolerance policy regarding sexual misconduct and harassment, along with guidance on reporting incidents. This was verified through interviews with two contractors. The auditor also verified there are currently no long-term contractors that enter the facility daily and no volunteers that enter the facility.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.233	Resident education
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1098 376">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 798 1016" style="list-style-type: none"> 1. Random Resident Interview Notes 2. Acknowledgement Forms 3. Group Sign in Sheets 4. Interpretation Contact List 5. Site Review Observation 6. Informal Conversations with Staff 7. Specialized Staff Interview Notes 8. PC and PCM Interview Notes 9. HHCC Policy <p data-bbox="280 1057 1461 1214">During the intake process, inmates receive comprehensive information about the agency's zero tolerance policy regarding sexual abuse and sexual harassment. The policy is written in accordance with PREA standard. This critical information is outlined in the inmate handbook.</p> <p data-bbox="280 1254 1433 1411">Confirmation of this policy was verified through interviews with both inmates and staff. The auditor verified its implementation by reviewing inmate files, ensuring that the Zero Tolerance Acknowledgment for Offenders Forms were signed by inmates.</p> <p data-bbox="280 1451 1461 1568">Within seven days of arriving at the facility, inmates participate in an in-depth orientation. During this orientation, the facility provides training on the Prison Rape Elimination Act, as confirmed during staff and inmate interviews.</p> <p data-bbox="280 1608 1461 1890">To ensure accessibility, the facility tailors inmate education to various formats. This includes accommodating inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled. Materials are also available in Spanish, and designated staff can provide interpretation in other languages. Additionally, staff have posters located in their offices indicating contact information for various interpretation services. Currently there are no residents that meet the criteria for these targeted groups.</p> <p data-bbox="280 1930 1430 2047">Signage throughout the facility reinforces the zero-tolerance policy and reporting avenues. I personally observed this signage during the facility site review, and it was also confirmed during interviews with inmates and staff.</p> <p data-bbox="280 2087 1477 2123">After a careful and detailed review of all the information, the Auditor determined the</p>

	facility meets the requirements of this standard.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: <ol style="list-style-type: none"> 1. HHCC Policy 2. Specialized Staff Interview Notes 3. Random Staff Interview Notes 4. PC and PCM Interview Note 5. Site Review Observations <p>N/A-McCall Foundation / Hotchkiss House Community Center does not conduct investigations.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: <ol style="list-style-type: none"> 1. HHCC Policy 2. Specialized Staff Interview Notes 3. Random Staff Interview Notes 4. PC and PCM Interview Notes 5. Site Review Observations <p>N/A - McCall Foundation / Hotchkiss House Community Center does not have in-house medical and mental health care.</p>

115.241	Screening for risk of victimization and abusiveness
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	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. PC and PCM Interview Notes 2. HHCC Policy 3. Resident File Reviews 4. Random Residents 5. Site Review Observations 6. Informal Conversations 7. Resident Assessment Tool <p>Hotchkiss House community Center ensures all inmates undergo an assessment during the intake process, which is completed upon their arrival at the facility. This screening is carried out using the PREA Risk of Victimization Assessment Form. These tools identify all areas of victimization and abusiveness outlined in the standard. The accuracy of this information was verified through interviews with staff and inmates, as well as a review of the completed forms. Trained staff members conduct the screenings. Staff interviews confirmed that if an inmate is transferred to another facility, they would undergo another screening.</p> <p>The initial screening for the risk of sexual abuse considers any known prior acts of sexual abuse, previous convictions for violent offenses, and history of institutional violence or sexual abuse. This information was confirmed during the review of the screening tools and interviews with staff and inmates. All inmates are reassessed within 30 days of their arrival by case managers, who consider all available information at the time of reassessment. The agency controls the dissemination of screening information at the facility level, limiting access to case managers, medical staff when necessary, and administration. This was confirmed through a review of reassessment documentation and staff interviews. Inmate risk levels are reassessed when necessary due to a referral, request, incident of sexual abuse, or receipt of new information that may change the risk of victimization or abusiveness.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

<p>115.242</p>	<p>Use of screening information</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Resident File Reviews 5. Specialized Staff Interview Notes 6. Run Sheets <p>Policy 115.242 Use of Screening Information addresses a resident's assignment to appropriate housing units will consider the results of the resident's PREA risk assessment, sexual orientation, gender identity, and any other relevant factors. If a transgender or intersex resident was assigned to the program, appropriate arrangements would be made to allow them the opportunity to shower separately from other residents. There are no dedicated facilities for the purpose placement of LGBTI residents.</p> <p>The agency utilizes the assessment information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during review of the policy, and during staff and inmate interviews. The agency makes all these determinations on an individualized basis, this ensures the safety of each inmate. This was confirmed during policy review, and staff and inmate interviews.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. PC Interview Notes 3. Random Resident Interview Notes 4. Random Staff Interview Notes

	<p>5. Site Review Observations</p> <p>6. Informal Conversations with Staff and Residents</p> <p>7. Advocacy Pamphlet</p> <p>8. Completed PAQ</p> <p>Hotchkiss House Community Center Policy 115.251 Resident Reporting addresses resident reporting. It states that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, or verbal communication to a Case Manager, the Program Director, or the PREA Coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the local Law Enforcement Agency. There are five ways of reporting a PREA allegation contained in the Resident Handbook.</p> <p>The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties. This information is made available to the residents upon intake, when they are provided a PREA Pamphlet, Resident Handbook, and advised of the PREA related postings throughout the facility.</p> <p>Resident interviews confirm understanding of reporting procedures. Staff are advised of their duty to report incidents of sexual abuse and sexual harassment and is provided contact information for reporting privately to the PREA Coordinator.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. PC and PCM Interview Notes 3. Random Staff Interview Notes 4. Site Review Observations 5. Informal Conversations with Staff and Residents

	<p>All provisions of this standard are addressed in the agencies Inmate/Offender Grievance Process. I reviewed the Hotchkiss House Community Center policy in its entirety. I further questioned staff on this procedure, they understood the process if an inmate filed a grievance pertaining to sexual abuse. The audited facility did not have any grievances filed within the last 12 months relating to sexual abuse. This was confirmed through interviews and PAQ responses. The interviewed inmates were aware of the opportunity to file a grievance related to sexual abuse, but they all stated they would utilize another reporting avenue such as speaking with a staff member. The interviewed staff were aware of their responsibility to assist an inmate in filing a grievance if they asked, but they also stated they would report the incident as per policy and respond accordingly.</p> <p>After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. PC and PCM Interview Notes 3. Random Resident Interview Notes 4. Informal Conversations with Staff and Residents 5. Completed PAQ 6. Site Review Observations <p>The Hotchkiss House Community Center policy is written in accordance with the PREA standards. According to HHCC policies and procedures, inmates have access to confidential support services. Specifically, they can utilize the services offered by the Connecticut Sexual Assault Crisis Center (CONNSACS), Safe-Haven and Susan B Anthony (SBA) which includes both Sexual Assault Nurse Examiner (SANE) and Victim Advocacy programs. Remarkably, the quality of care provided to inmates is on par with what individuals receive in the broader community.</p> <p>Furthermore, I established through interviews that follow-up mental health care is available from the facility via outpatient services for any inmate involved in an incident. All necessary information related to this standard and its provisions is made accessible to the inmates. This conclusion was reached after a thorough</p>

	<p>review of documentation and interviews conducted at facility level. I conducted additional telephone interviews with several community partners to confirm the services being offered by the participating agencies. Overall, the agency demonstrates understanding and management of the requirements outlined in this standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. PC and PCM Interview Notes 3. Informal Conversations with Staff and Residents 4. Site Review Observations 5. Completed PAQ <p>Hotchkiss House Community Center/McCall Foundation offers two ways of third-party reporting sexual abuse and sexual harassment of residents. The McCall Foundation website, www.mccall-foundation.org, provides contact information to receive third-party reports of sexual abuse and sexual harassment on behalf of residents either by phone or in writing. Additionally, the PREA pamphlet provides this information as well. Interviews with residents and staff verify that they are aware of third-party reporting.</p> <p>Additionally, the agency ensures visibility by posting third-party reporting avenues within the facility, specifically where visitors and residents can easily access this information. After a meticulous examination of all relevant documentation and interviews conducted, the Auditor determined the facility meets the requirements of this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Specialized Staff Interview Notes 3. PC and PCM Interview Notes 4. Random Staff Interview Notes 5. Completed PAQ 6. Site Review Observation <p>McCall/Hotchkiss House Community Center policy is a comprehensive and robust framework, meticulously designed to address and manage incidents of sexual abuse, assault, and harassment within its facilities. This policy is written based on the framework of the entire PREA policy, however it's not just a set of rules, but a well-thought-out system that ensures the safety and well-being of everyone within the facility.</p> <p>The policy places an emphasis on immediate reporting. All staff members and contractors are bound by a duty to report any incident they become aware of. This obligation is not limited to incidents that occur within the agency's facility but extends to incidents that occur elsewhere. The moment they become aware of any incident, they are required to promptly inform their supervisors or higher authorities. This reporting obligation is comprehensive and encompasses incidents involving sexual abuse, assault, or harassment. It applies equally to both residents and staff members who report such incidents. In addition to this, the policy also emphasizes vigilance regarding staff neglect or violations that may contribute to incidents or retaliation.</p> <p>HHCC policy also addresses the issue of confidentiality and disclosure. Staff members are explicitly prohibited from disclosing more information than strictly necessary. This aspect of the policy strikes a delicate balance between transparency, which is necessary for accountability, and confidentiality, which is crucial for the protection of victims and the integrity of investigations. All interviewed staff members demonstrated a clear understanding of this requirement, ensuring that sensitive details are handled appropriately and with the utmost care.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. Specialized Staff Interview Notes 4. Random Staff Interview Notes 5. PC and PCM Interview Notes <p>According to the Hotchkiss House Community Center agency's policies, when staff becomes aware that an inmate faces a substantial risk of imminent sexual abuse, they are obligated to take immediate action to safeguard the inmate. During interviews, staff members acknowledged their responsibility and expressed their commitment to promptly protect the inmate by ensuring their relocation to a secure area.</p> <p>After conducting a thorough review of all relevant documentation and considering the information gathered from facility-level interviews, I determined that the agency demonstrates HHCC is operating within the requirements outlined in this standard, including all provisions. The Auditor determined the facility meets the requirements of this standard.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC policy 2. Completed PAQ 3. Specialized Staff Interview Notes 4. PC and PCM Interview Notes 5. Informal Conversations with Staff <p>Through Hotchkiss House Community Center policy, the agency has established procedures and practices that meet all the requirements of the standard and provision. These include notification by the facility head to the head of the facility where the allegation allegedly took place within 72 hours, as well as documentation</p>

	<p>of the information received and notification. The policy further states that if an allegation is received in such a manner the facility needs to notify the Torrington Police Department. I confirmed these policies and practices through staff interviews and informal conversations. HHCC has not had a notification from another source during the last 12 months.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC policy 2. Completed PAQ 3. Specialized Staff Interview Notes 4. Random Staff Interview Notes <p>Hotchkiss House Community Center policies outline the initial response by staff in accordance with the PREA standard. These policies include all the provisions of the standard. The staff interviewed understood their responsibilities if they were the first responder to an allegation. The contractors interviewed during the audit related that if they were a first responder, they would request that the victim not take any actions that could destroy physical evidence, and then notify monitoring staff. I verified compliance during the interview process, as well as policy and agency facility investigation review.</p> <p>During random staff interviews, the monitoring staff was asked to explain the steps they would take following an alleged report of sexual abuse. Several staff interviewed stated that they would notify their supervisor after separating the residents and wait for further instructions. The staff were able to clearly describe their response procedures, including separating the alleged perpetrator and victim, securing the scene, and protecting potential evidence. They added that the scene would be sealed and remain so until the assigned Investigator arrived to process it.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.265	Coordinated response
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. Specialized Staff Interview Notes 4. PC and PCM Interview Notes <p>The McCall/Hotchkiss House Community Center policy mandates a written coordinated response plan for each facility. This plan is designed to coordinate the actions taken in response to a sexual abuse incident and outlines the notification procedures among staff first responders, administration, central office, medical and mental health practitioners, investigators, and victim advocate services.</p> <p>The Auditor embarked on a comprehensive examination process, initiating formal interviews with the staff who serve as the first line of response. Each staff member was queried about their subsequent actions in the wake of a sexual abuse incident. The Staff demonstrated a clear understanding of their responsibilities and provided responses that were in line with their coordinated response plan.</p> <p>The facility's leadership and supervisors were also interviewed, and they articulated their responsibilities, ensuring alignment with the coordinated response plan. The Auditor extended the formal interview process to the PC of whom explained their specific responsibilities in the aftermath of a sexual abuse incident.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes

	<p>Specialized Staff Interview Notes</p> <p>McCall/Hotchkiss House Community Center is Non-Unionized, Non-Profit facility and does not enter into collective bargaining agreements. The Auditor determined the facility meets the requirements of this standard.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Specialized Staff Interview Notes <p>Hotchkiss House Community Center has established a comprehensive policy that meets the provisions of this standard. The HHCC has identified and designated the PREA Compliance Manager to monitor the resident or staff member for alleged retaliation. During the interview with the PREA Compliance Manager, it was revealed that when monitoring for retaliation, she meticulously reviews disciplinary charges, Incident Reports, and other actions related to residents.</p> <p>HHCC policy safeguards offenders and staff who report sexual abuse or harassment from retaliation. The PREA Compliance Manager oversees this protection. Measures include room changes or transfers for victims or abusers, removal of alleged abusers from contact with victims, and emotional support services for those fearing retaliation. For at least 90 days after a sexual abuse report, the PCM monitors offenders and staff to detect any signs of possible retaliation. Monitoring may continue beyond 90 days if needed. Notably, there were zero incidents of retaliation in the past 12 months. The PREA Compliance Manager conducts status checks and ensures accurate documentation.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Specialized Staff Interview Notes <p>McCall/Hotchkiss House Community Center does not conduct investigations. The Torrington Police Department and Connecticut Probation Services is responsible for all investigations. This was verified through PREA Coordinator and PREA Compliance Manager interviews.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Specialized Staff Interview Notes <p>McCall/Hotchkiss House Community Center does not conduct investigations. The Torrington Police Department and Connecticut Probation Services is responsible for all investigations. This was verified through PREA Coordinator and PREA Compliance Manager interviews.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Specialized Staff Interview Notes 5. Informal Conversations with Staff <p>Hotchkiss House Community Center has policies in place that address all provisions of this standard. The agency utilizes the PREA Incident Checklist form to document the notification the resident of the status of the investigation. I confirmed this through policy review, the PREA Coordinator and staff interviews.</p> <p>During the interviews, the PREA Coordinator informed the Auditor that they notify residents of the results of an investigation at the conclusion of the investigation. The Auditor asked who informs the victim when criminal charges are placed on the abuser, or the abuser has been convicted. The PREA Compliance Manager would make the notifications when they are received from the Torrington Police Department or Connecticut Probation Court Services. The Auditor was informed by the PC that they maintain a good working relationship with both investigative agencies and would have no problem obtaining that information.</p> <p>Following an investigation into an offender's allegation that he suffered sexual abuse the PC informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility PCM will subsequently inform the offender whenever: the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The Auditor concluded the HHCC informs residents of investigative findings during and after the conclusion of an investigation.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Informal Conversations with Staff <p>According to the policy, staff members are subject to disciplinary sanctions, including termination, which is the presumptive disciplinary action for those who have engaged in sexual abuse. During my review of policy and informal conversations, I determined that disciplinary sanctions are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>I also confirmed that all terminations related to agency sexual abuse or sexual harassment policies, as well as resignations by staff who would have been terminated if not for their resignation, were investigated criminally and referred for prosecutorial determination. If applicable, these cases were reported to licensing bodies. Notably, the audited facility has not disciplined staff within the last 12 months for violations of these policies.</p> <p>After a thorough review of all documentation and information received during facility-level interviews, I found that HHCC is working within the boundaries of this standard and all provisions.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Informal Conversations with Staff <p>Hotchkiss House Community Center has policy in place that addresses corrective action for contractors who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. I confirmed the utilization of the discipline through review of the agency policy and staff informal</p>

	<p>and formal interviews.</p> <p>Through policy review and interviews I confirmed that any contractor who engages in sexual abuse is prohibited from contact with inmates and reported for a criminal investigation as well as a prosecutorial decision. If the contractor is licensed in anyway, the licensing body will be notified. I confirmed with the PREA Coordinator that any contractor who violated the policies would have their security clearance immediately revoked. The audited facility has not disciplined any volunteers or contractors within the last 12 months for a violation of these policies.</p> <p>The Auditor conducted formal interviews with contract staff. Everyone interviewed was aware of the agency’s zero-tolerance policy and discipline sanctions for violating those policies. Each was aware they would be removed from contact with inmates following an allegation of sexual abuse and would be removed from facility access if found to have engaged in such acts. They were also aware the facility reports such actions to law enforcement for criminal investigation.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Specialized Staff Interview Notes <p>The Hotchkiss House Community Center has policy in place that addresses discipline for inmates who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs inmate conduct. I confirmed the utilization of the discipline process through review of the agency investigations, and staff interviews. The audited facility has not disciplined any inmates within the last 12 months for a violation of these policies.</p> <p>During the interview with the Facility Investigators the Auditor asked if they had placed disciplinary charges against a resident for violating sexual abuse and sexual harassment policies. They indicated there was none in the last year, this was collaborated with responses in the PAQ. Additionally, the Auditor was informed disciplinary charges would be placed on residents following a criminal or</p>

	<p>administrative finding of sexual abuse or harassment.</p> <p>The Auditor asked the facility leadership staff if a resident had ever been disciplined for filing a false allegation. The facility leaders were not aware of an incident when this occurred. The Auditor also conducted formal interviews with mental health practitioners. The Auditor was informed counseling, therapy and other interventions are offered to address and correct underlying reasons or motivations for committing acts of sexual abuse if the inmate requests such. The Auditor was informed an inmate's participation in such interventions would not hinder the inmate's ability to attend programming or other privileges. Mental health staff stated they would address underlying issues for perpetrators of sexual abuse when requested.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. Specialized Staff Interview Notes 4. PC and PCM Interview Notes 5. Community Partners Interview Notes 6. Informal Staff Conversations <p>Hotchkiss House Community Center policy guarantees 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 health practitioners according to their professional judgment. HHCC does not employ medical and mental health staff and will therefore rely on the services of qualified outside providers for these services for residents as necessary. Currently, McCall Foundation / Hotchkiss House Community Center has an Memorandum of Understanding (MOU) with Connecticut Sexual Assault Crisis Services (CONNSACS) and Susan B. Anthony Project to provide these services.</p> <p>The auditor contacted these community providers, and the discussion interviews revealed all the requirements within the standard are being met through the partnership. HHCC Staff first responders take preliminary steps to protect the victim</p>

	<p>pursuant to and shall immediately notify the appropriate medical and mental health practitioners. Medical practitioners provide inmate victims with sexually transmitted infections prophylaxis. The resident handbook, facility staff, victim advocates and informal residents' interviews all verified their belief that residents would receive timely, unimpeded access to emergency medical treatment as required.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. Specialized Staff Interview Notes 4. PC and PCM Interview Notes 5. Informal Conversations with Staff 6. Community Partner Interview Notes <p>McCall Foundation / Hotchkiss House Community Center does not employ medical and mental health staff and will therefore rely on the services of qualified outside providers for these services for residents as necessary. Currently, McCall Foundation / Hotchkiss House Community Center has an Memorandum of Understanding (MOU) with Connecticut Sexual Assault Crisis Services (CONNSACS) and Susan B. Anthony Project to provide these services. All residents in need of such care shall be referred to local providers who are PREA compliant such as Charlotte Hungerford Hospital for assistance.</p> <p>The HHCC program, by policy, ensures treatment services for victims are provided at no cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. HHCC also attempts to refer all known resident on resident abusers for a mental health evaluation and/or treatment within 30 days of learning of such abuse history. These policies and procedures were confirmed with PREA Coordinator, PREA Compliance Manager, multiple staff during interviews and community partners.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1098 376">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 783 734" style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. Specialized Staff Interview Notes 4. PC and PCM Interview Notes 5. Informal Staff Conversations <p data-bbox="280 770 1481 972">The agency has policy in place that outlines the facilities review of incidents. The policy addresses all provisions of the standard. The facility utilizes the PREA Incident Reporting Form, which address all the questions of concern when reviewing an incident. I confirmed the incident review process during staff interviews and review of a sample PREA Incident Reporting Form for agency sexual abuse incidents.</p> <p data-bbox="280 1008 1469 1464">Interviews with the PREA Compliance Manager, Facility Director and PREA Coordinator confirms if there is an incident that required a review it is completed as required. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. The staff stated the incident review team discusses recommendations for improvement and include those recommendations on the final report, which is approved by the Facility Director. An interview with the PCM confirmed that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. The Facility Director will review the recommendations. The PCM also stated recommendations would be implemented, or the reasons for not doing so would be documented.</p> <p data-bbox="280 1500 1481 2078">The Auditor observed during on-site review of physical plant of HHCC policy requires a sexual abuse incident review at the conclusion of every sexual abuse incident, including where the allegation had not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, the number of sexual abuse incident allegations and incident reviews completed at the facility was zero (0). Reviews ordinarily occur within 30 days of the conclusion of the investigation. The review team includes the Facility Director, PREA Compliance Manager, and other leadership staff. The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The</p>

	<p>review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>HHCC policy requires the implementation of recommendations or documents its reasons for not doing so. The Auditor determined the facility would conduct incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The Auditor reviewed the agency’s policies, procedures, documentation, training records, and conducted interviews with staff. All interviewed staff understood the process for reviewing incidents and the documentation requirements.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC and PCM Interview Notes 4. Specialized Staff Interview Notes 5. Website Review <p>McCall Foundation / Hotchkiss House Community Center collects accurate uniform data for every allegation of sexual abuse in its programs using a standard instrument and set of definitions. The BJS Survey of Sexual Violence adult incident form is utilized as well as an internal reporting forms. The data collected aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>McCall Foundation / Hotchkiss House Community Center maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The Auditor confirmed this active process through review of completed data collection instruments through 2021, and staff interviews.</p>

	After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. Website Review 4. PC and PCM Interview Notes 5. Specialized Staff Interview Notes <p>The Hotchkiss House Community Center has policies in place that address all provisions of the standard. The PREA Coordinator reviews all data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, and the agency .</p> <p>The report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse. The agency’s report is approved by the agency head and made readily available to the public through the agency website at https://mccallbhn.org/p-r-e-a/.</p> <p>The agency has redacted any material from the reports that would present a clear and specific threat to the safety and security of its facilities. The PREA Coordinator continuously evaluates the data collected from every facility to better prevent sexual abuse and sexual harassment within the facilities and contracted facilities of the McCall Center for Behavioral Health. The data collected is used in identify problem areas and in the development of the upcoming years PREA training.</p> <p>During staff interviews the Auditor confirmed that if a trend were identified while reviewing the data a corrective action plan would be developed for that facility and immediately be put into place. After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. HHCC Policy 2. Completed PAQ 3. PC Interview Notes 4. Specialized Staff Interview Notes <p>The McCall Foundation / Hotchkiss House Community Center ensures that data collected pursuant to Standard 115.287 are securely retained. PREA data is entered into the McCall Foundation's computer network by a member of the PREA team. This system is password protected, housed within a secure network, and closely monitored by the agency's IT Department.</p> <p>The McCall Foundation / Hotchkiss House Community Center all aggregated sexual abuse data from its programs readily available to the public at least annually via its website. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed.</p> <p>The McCall Foundation / Hotchkiss House Community Center sexual abuse data collected pursuant to Standard 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The agency's IT Director will securely dispose of the PREA data once it exceeds the 10-year mark.</p> <p>The Auditor reviewed the facility's policy, procedures, website, annual report, interviewed staff. After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> 1. Site Review Observation 2. Website Review 3. PC Interview Notes

	<p>The auditor reviewed McCall Behavioral Health Network/Hotchkiss House Community Center (HHCC) web page. https://mccallbhn.org/p-r-e-a/ The page has posted audit reports for their facilities.</p> <p>The auditor had access to the entire facility and was able to conduct confidential staff and offender interviews and was provided documentation as required to assess compliance with the standards. Offenders were aware they could send confidential correspondence to the auditor. Pre-audit postings were seen in all areas of the facility.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make Compliance Determination:</p> <p>1. Website Review</p> <p>The auditor reviewed McCall Behavioral Health Network/Hotchkiss House Community Center (HHCC) web page. The https://mccallbhn.org/p-r-e-a/ page and confirmed it has posted audit reports for all their facilities.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	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
115.213 (b)	Supervision and monitoring	
	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
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	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
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If 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
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no
	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)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	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
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	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
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

	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)).	
115.234 (b)	Specialized training: Investigations	
	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)).	na
	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)).	na
	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)).	na
	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)).	na
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

115.241 (g)	Screening for risk of victimization and abusiveness	
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: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
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
	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).)	na
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. 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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	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

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes