

PREA Facility Audit Report: Final

Name of Facility: Men's Transitional House

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/18/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Conner McFarland

Date of Signature: 10/18/2025

AUDITOR INFORMATION

Auditor name: Mcfarland, Conner

Email: conner.mcfarland@protonmail.com

Start Date of On-Site Audit: 09/02/2025

End Date of On-Site Audit: 09/03/2025

FACILITY INFORMATION

Facility name: Men's Transitional House

Facility physical address: 425 Grant Street , 4th Floor, Bridgeport, Connecticut - 06610

Facility mailing address:

Primary Contact

Name:	Daisy Alicea
Email Address:	daisy.alicea@rnpinc.org
Telephone Number:	(475) 302-8030 ext.

Facility Director	
Name:	Daisy Alicea
Email Address:	daisy.alicea@rnpinc.org
Telephone Number:	(475) 302-8030 ext.

Facility PREA Compliance Manager	
Name:	Jessica Jean-Baptiste
Email Address:	jessica.jean-baptiste@rnpinc.org
Telephone Number:	(203) 929-1954 ext.

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	22
Average daily population for the past 12 months:	21
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-79
Facility security levels/resident custody levels:	Level 1
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Recovery Network of Programs, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	2 Trap Falls Road , Shelton, Connecticut - 06484
Mailing Address:	
Telephone number:	(203) 929-1954

Agency Chief Executive Officer Information:	
Name:	Jennifer Kolakowski
Email Address:	Jennifer.Kolakowski@rnpinc.org
Telephone Number:	(203) 929-1954 ext.

Agency-Wide PREA Coordinator Information
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Name:	Eric Follett	Email Address:	eric.follett@rnpinc.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

2

- 115.215 - Limits to cross-gender viewing and searches
- 115.273 - Reporting to residents

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-02
2. End date of the onsite portion of the audit:	2025-09-03

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Center for Family Justice, Kayte Cwikla-Masas

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	36
15. Average daily population for the past 12 months:	21
16. Number of inmate/resident/detainee housing units:	22
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	22
25. 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
26. 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:	1
27. 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
28. 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
29. 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:	2
30. 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

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	15
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. 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:	1
39. 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	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Men's Transitional House is entirely located on one floor of the agency's building. All residents are housed in the same area.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	No residents with a physical disability were interviewed because none were housed at the time of the onsite. The facility reported zero residents with physical disabilities, and the auditor met or observed all residents during the onsite phase with no apparent physical disabilities.
48. 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:	1
49. 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:	1
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	No residents with a physical disability were interviewed because none were housed at the time of the onsite. The facility reported zero residents who were deaf or hard of hearing. The auditor selected residents for interviews who may have been more likely to be hard of hearing, but no residents reported having such a disability.

51. 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:	2
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	No residents with a physical disability were interviewed because none were housed at the time of the onsite. The facility reported zero residents who reported being LGB. A review of all current residents' case files and their intake screening confirmed no residents reported being LGB at intake. No residents reported to the auditor during interviews being LGB.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	No residents with a physical disability were interviewed because none were housed at the time of the onsite. The facility reported zero residents who reported being transgender or intersex. A review of all current residents' case files and their intake screening confirmed that no residents reported being transgender or intersex at intake. No residents reported to the auditor during interviews being transgender or intersex. According to the Williams Institute, about 0.9% of adults in the northeast identify as transgender. It is statistically probable given the facility's population that no adult would report being transgender. Interviews with the Program Director confirm that transgender residents would be accepted into the program, but none have been referred to date.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Only one resident had reported sexual abuse at the facility. Facility records indicate the resident left the program before the onsite phase of the audit. During interviews with all residents, no resident indicated they had previously reported sexual abuse at the facility.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	All resident case files were reviewed during the onsite audit. The auditor confirmed that no resident disclosed prior sexual victimization during the intake process. No resident disclosed having made such a report during interviews with the auditor.
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility does not have segregated housing/isolation housing. The auditor did tour a room dedicated to high-risk residents, but it is another bedroom in the same housing area with the same access to staff and all other services.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	8
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Languages spoken

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☐ Yes ☒ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☒ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
63. Were you able to interview the Agency Head?	☒ Yes ☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☐ Yes ☐ No ☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
If "Other," provide additional specialized staff roles interviewed:	Security Coordinator Director for DEI/PREA Compliance Manager
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. 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.

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
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Was the site review an active, inquiring process that included the following:

72. 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

73. 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

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

No text provided.

Documentation Sampling

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

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

☒ Yes
☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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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.

79. 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	1	0	1	1
Total	1	0	1	1

80. 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.

81. 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

82. 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	1	0	0
Total	0	1	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.

83. 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

84. 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

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No allegations of sexual harassment.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

108. 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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> PREA Compliance and Safety Assurance Policy PREA Investigations Policy Privacy Protocols Policy Security and Safety Policy Agency Organizational Chart showing PREA Coordinator position Posters and Client Handbook Site Review Observations Interview with PREA Coordinator

Interview with Agency Director

Interview with Program Director

Interviews with Staff

Interviews with Clients

Summary of Evidence

Indicator (a). The Recovery Network of Programs has developed an agency-wide policy to establish zero tolerance of sexual abuse and sexual harassment within its facilities. The facility's PREA Compliance and Safety Assurance policy clearly establishes a zero-tolerance mandate that applies to facilities contracted with the Court Support Services Division (CSSD) in Connecticut. The policy provides detailed guidance on implementation through recruitment and hiring practices, staff and volunteer training, resident education, intake screening, staffing plans, and facility design considerations. In addition, complementary policies describe investigative procedures, grievance handling, and incident reviews to ensure comprehensive coverage of prevention, detection, and response strategies.

The facility's written policies include definitions of sexual abuse and sexual harassment that are consistent with those in the PREA Standards. Sexual abuse is defined consistently across all policies as "non-consensual sexual contact or penetration, coerced sexual activity, or sexual acts involving a resident who cannot consent or refuse, as well as sexual misconduct by staff, volunteers, or contractors". Sexual harassment is defined as "repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a sexual nature directed toward a resident by another resident, staff, contractor, or volunteer."

Policies also establish sanctions for those found to have engaged in prohibited behaviors. Per PREA Investigations Policy Procedure 8, staff who commit sexual abuse are terminated and referred to law enforcement and licensing bodies, and staff who commit lesser violations are subject to proportional disciplinary action. Contractors and volunteers found responsible for sexual abuse are barred from further contact with residents and referred to law enforcement. Residents determined through a formal process to have engaged in sexual abuse are subject to disciplinary sanctions appropriate to the severity of the violation, their history, and any relevant mental health considerations.

The facility has adopted strategies to prevent, detect, and respond to sexual abuse

and harassment, including comprehensive hiring and background checks, PREA-specific training for all categories of personnel, resident education during intake and through ongoing written and visual reminders, and the use of intake screening and reassessments to identify residents who may be vulnerable or abusive. Facility security design and technology, including camera coverage and access-controlled spaces, support efforts to reduce blind spots and enhance staff monitoring. Privacy protocols requiring staff to announce their presence in sensitive areas further reduce opportunities for abuse. Finally, the PREA Investigations policy clearly outlines the process for referrals of information relating to sexual abuse or harassment to be forwarded immediately for investigation.

Observations during the site review confirmed that PREA Posters and other educational or service materials are prominently displayed and accessible to clients. The physical plant has numerous cameras throughout the facility, badge-swipe access-controlled doors, and clear lines of sight from the attendants' station in the middle of the program space. Brochures for the Center of Family Justice, the local rape crisis agency, were also available in the lobby and at the attendants' desk for clients to take.

All staff interviewed could name several methods to refer information about sexual abuse and sexual harassment to the investigator, the Program Director, or other leadership. All staff interviewed also knew about their responsibility to prevent, detect, and respond to sexual abuse and harassment, and what their role was to achieve that. Clients confirmed they had access to educational materials about their rights to be free from sexual abuse and harassment, could recall at least one method of reporting, and expressed confidence that allegations would be taken seriously by the facility. Ten of the interviewed clients specifically detailed how the Program Director and Assistant Program Director regularly spoke to clients in their offices about whatever concerns or problems they were having, and felt their concerns were being addressed. All the clients reported that the Men's Transitional House was a very safe place to be. No one expressed any safety concerns or any knowledge of past abuse.

Indicator (b).

The Organizational Chart establishes the Director of Quality as the PREA Coordinator for the agency and reports to the Chief Operating Officer. The interviews with the Chief Executive Officer and the PREA Coordinator established that the PREA Coordinator directly briefs the Board of Directors, Chief Executive Officer, and other agency leadership on critical incidents, investigations, and other security matters on a regular basis. These briefings include the PREA Coordinator's analysis of program safety, incident trends, and recommendations for improvement. The PREA Coordinator has been directly involved with the planning and design of the facility,

	starting approximately one year ago, including the program's physical plant design, agency policies, and certain operating procedures. The interview with the PREA Coordinator also indicated they are responsible for going to the facility monthly, if not more often, to speak with clients and staff about the program's safety, response protocols, conduct staff training, and evaluate processes that affect the sexual safety of the facility. Interviews with the Program Director and Assistant Program Director confirm the PREA Coordinator's regular presence in the facility and their oversight of sexual safety planning and processes in conjunction with program leadership. The interview with the PREA Coordinator also indicated they felt they had sufficient time to oversee the agency's zero-tolerance policy meaningfully. The PREA Coordinator is assisted by the Director of Diversity, Equity and Inclusion in overseeing PREA safety operations for the agency. The interview with the Director of DEI indicated their direct involvement and authorship of agency policies and procedures to comply with the PREA Standards. The Director of DEI communicates directly with agency and facility leadership to ensure the services and programs that benefit staff and clients are accessible to everyone. They have assisted explicitly with developing educational materials that are accessible for people with disabilities or who are limited English proficient, including education on PREA. <u>Compliance Determination</u> The facility meets this standard. The Recovery Network of Programs has several policies that establish a zero-tolerance policy of sexual abuse and sexual harassment, most notably its PREA Compliance and Safety Assurance Policy, PREA Investigations Policy, Privacy Protocols Policy, and Security and Safety Policy. These policies lay out the formal actions the agency takes to prevent, detect, and respond to sexual abuse and harassment in all areas of operations. The Chief Executive Officer, Program Director, Assistant Program Director, PREA Coordinator, and the Director of DEI all confirmed their roles in maintaining the sexual safety of the facility. Residents, both in formal interviews and during the tour, confirmed that the facility addresses sexual misconduct and that they know what resources are available if concerns arise. Residents consistently described the facility as safe, and none expressed concerns about violent sexual assault.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<u>Evidence of Compliance Finding Reviewed</u> Interview with Agency Director/Contract Administrator Interview with Program Director <u>Compliance Determination</u> The facility meets this standard. Interviews with the Agency Director and Program Director confirm that they have not entered into any contracts for the confinement of their clients at other facilities.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • Facility Staffing Plan • Master schedule for all posts and shifts • PREA Compliance and Safety Assurance policy • Security and Safety policy • PREA Investigations policy • Site review observations • Interview with Program Director • Interview with PREA Coordinator • Interview with Agency Director • Interview with Security Coordinator • Interviews with random staff • Interviews with residents <u>Summary of Evidence</u> <i>Indicator (a).</i> The facility developed and documented a staffing plan and supporting materials (master schedule and a slide deck) that address adequate staffing and video monitoring in light of the facility's physical layout, resident composition, incident history, and other relevant factors, consistent with §115.213(a).

The Safety and Security policy requires a written staffing plan with video monitoring “to protect clients/residents against sexual abuse,” and lists the very factors the standard enumerates for calculating adequacy, including layout, population, prevalence of substantiated/unsubstantiated incidents, and other factors.

The Program Director described how the plan was built: day shifts target three staff (including a driver) and, where possible, at least one male staff to conduct pat searches. The plan creates redundancy to support respectful, policy-compliant searches and overall security. The Program Director and Security Coordinator collaborated to ensure all areas were covered and to minimize blind spots. Generally, 2–3 staff oversee up to 36 residents, with camera coverage providing additional indirect supervision when residents are not in direct view. Leadership offices are centrally located and accessible (doors remain locked), so leadership remains proximate to the program. A per-diem pool supports operations when callouts occur. The PREA Coordinator affirmed these practices and explained that nights include at least hourly welfare checks, with entry into rooms only enough to confirm residents’ safety.

During the site review, the auditor observed clear sight lines from the attendants’ desk along the main corridor, a functioning camera monitoring station covering all common areas, announced room/bathroom rounds, and access-controlled staff spaces, all of which mirror practices that align with both the written plan and the Security and Safety policy.

The Program Director reported that there have been no findings of inadequacy by judicial, federal, or oversight bodies. They also confirmed that the facility has never operated below its minimum staffing levels. The population at the Men’s Transitional House consists of residents referred by the State judicial system to participate in a low-barrier reentry program. As a result, individuals with recent histories of sexual misconduct or institutional aggression are unlikely to be placed at MTH, or, if accepted, are identified for closer behavioral monitoring.

The facility provides comprehensive low-barrier reentry services, including referrals for employment, housing assistance, case management, and other supportive services. The program typically operates on a 90-day residency model. Residents consistently indicated that facility administrators are routinely available and visible throughout the facility during the day.

Indicator (b). The Program Director reported that the facility has not experienced

any incidents in the past 12 months in which minimum staffing levels were not maintained. The facility's staffing plan allows management to adjust staff deployment as needed, particularly in response to critical staffing situations. When staff call out, management can mandate coverage to ensure residents' continued safety.

The Program Director described specific contingencies for situations when the ideal staffing composition. For example, when a male staff member for pat searches is unavailable. A pool of per-diem employees is available to cover callouts. When a male staff member is not available, female staff conduct trauma-informed searches using a "shake-out" procedure with a handheld metal-detection wand to avoid cross-gender pat-downs while maintaining safety and respect. The auditor observed one such trauma-informed search during the site review.

Agency Safety and Security policy requires that "in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan." The Program Director confirmed that no deviations occurred outside the written contingencies during the review period. These contingencies are incorporated into the staffing plan, and staff demonstrated a clear understanding of how to apply them in practice. Residents reported that support staff are always available and expressed no concerns regarding staffing levels at any time.

Indicator (c). The Agency Director described ongoing collaboration among key leadership staff, including the Agency Director, Program Director, Security Coordinator, and PREA Coordinator, to regularly assess whether adjustments are needed to staffing levels, staffing patterns, monitoring technology, or available resources. The PREA Coordinator confirmed that a comprehensive staffing plan review was recently conducted, addressing all required elements of this standard. The staffing plan was last formally reviewed in June 2025, with a revised edition issued in October 2025.

The agency's Security and Safety policy reinforces this practice, requiring that an assessment occur "whenever necessary, but no less frequently than once each year," specifically addressing the staffing plan, prevailing staffing patterns, video and monitoring deployments, and available resources. In addition, related procedures, such as incident reviews, require examination of incident locations, staffing adequacy, and the potential need to enhance monitoring technology.

During staff interviews, employees demonstrated awareness of the importance of

	active resident monitoring, including conducting random, staggered rounds of housing areas and responding promptly when residents are in unapproved or low-visibility locations. According to interviews with numerous staff and residents, the Program Director and Assistant Program Director are consistently visible and move throughout the facility during shifts. <u>Compliance Determination</u> The facility substantially meets all requirements of the standard. Based on written policies, the master schedule, the staffing plan, direct observations of supervision practices and monitoring technology, and interviews with leadership and staff, the facility substantially meets all requirements of the standard. The agency's PREA policy codifies a written staffing plan that incorporates the required factors. The Security and Safety policy, along with observed camera/access-control infrastructure, demonstrates robust indirect monitoring. Interviews and onsite practice show the plan is implemented with clear lines of sight, a functioning monitoring station, announced rounds, and proportionate staffing for the resident population. Contingencies for staff composition (including trauma-informed searches) are built into the plan, and leadership conducts at least annual assessments (and ongoing reviews) to adjust staffing patterns, technology deployments, and resources, consistent with policy and the standard's annual reassessment requirement. Collectively, this evidence shows the facility has institutionalized processes to plan, implement, document, and reassess supervision and monitoring to protect residents from sexual abuse.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> Pat and Pocket Searches Policy Privacy Protocols Policy Urinalysis Testing Policy Site Review Observations, including video review Interview with Program Director Interviews with Staff

Interviews with Non-medical staff (involved in cross-gender strip or visual searches)

Interviews with Residents

Summary of Evidence

Indicator (a). The Pat and Pocket Searches policy states, "The Pat and Pocket Searches policy states "Trained male staff will perform the pat and pocket searches. Female staff will not pat down male clients. Whenever possible, a second member of staff will be present to observe the search. A female staff can observe the search just cannot conduct it.". The policy clearly prohibits female staff from conducting pat searches of male clients and explicitly states that no unclothed searches of clients take place under any circumstances, including exigent circumstances. The policy further requires that trained male staff conduct all pat and pocket searches, and that, whenever possible, a second staff member be present to observe.

During the site review, the auditor observed the designated search area near the facility entrance. The space included painted footprints on the floor to indicate where clients should stand during the clothed pat search, which occurs in a publicly viewable area. Clients change clothing in a separate private room that contains no cameras, ensuring privacy from female staff. The auditor observed two pat searches conducted for clients returning from the facility. Both searches were conducted by male staff in the designated area, and included only a pat search of the client's body. The pat search was followed up with a wand search. No body scanner equipment was present in the facility.

Staff interviews were consistent with policy. All staff confirmed that unclothed searches are never conducted at the facility. Staff reported that only male staff conduct pat searches, and female staff neither perform pat searches nor conduct urinalysis testing. Interviews with clients reinforced these findings. All 13 of the 13 residents interviewed reported that no unclothed searches have ever been conducted, and all confirmed that pat searches are conducted only by male staff.

Facility policy does allow for random and regular urinalysis testing of clients. Facility policy outlines to the procedure for urinalysis testing. Only male staff are permitted to perform urinalysis testing. Such testing is to occur in the facility bathroom with the bathroom stall open. Once the sample is collected, staff are responsible for documenting and packaging the sample in accordance with manufacturer guidelines. The urinalysis test is conducted only in front of male staff in an area without cameras.

Four of twelve random staff interviewed indicated they perform urinalysis tests as part of their duties. Only male staff indicated they conduct urinalysis testing as part of their duties. Thirteen of thirteen residents interviewed they are only observed by male staff during urinalysis tests.

Indicator (b). The facility does not house cisgender female residents and has not yet admitted any transgender women. During the site review, the auditor observed the use of the handheld wand of clients returning from the community by male staff in the lobby of the facility. This practice is consistent with policy and confirms the use of handheld wands in the search process.

The Program Director confirmed during interview that, should a transgender woman be admitted, searches would be conducted either by staff of the client's preferred gender or through the use of a trauma-informed search process. This trauma-informed search would involve the use of a handheld wand and visual inspection only, ensuring no cross-gender pat-down search would occur. The Program Director further stated that transgender women would have equal access to all programming and services, as the trauma-informed search procedure may be conducted by both male and female staff without restriction. These practices ensure that clients are not subject to cross-gender pat-down searches and that female clients or transgender women are not denied programming or opportunities as a result of which gender staff are on duty.

Indicator (c). Facility policy prohibits strip searches and visual body cavity searches under all circumstances, including exigent circumstances. As such, there have been no cross-gender strip searches, visual body cavity searches, or cross-gender pat-down searches of female clients conducted at the facility. Accordingly, no documentation was available for review, as no logs exist for a practice that does not occur. Interviews with the PREA Coordinator and Program Director confirm the intent of the policy to prohibit strip and visual body cavity searches. A staff member confirmed they have never conducted a strip search or visual body cavity search. All interviewed clients reported they had never been strip searched or had their body cavities inspected.

Indicator (d). The Privacy Protocols policy states, "Staff must verbally announce their presence before entering any area where clients may be undressed, including:

- Shower rooms
- Restrooms
- Sleeping areas
- Changing areas

The announcement must be made loud enough to be heard by all residents in the area and must occur prior to entry. If multiple entries are made within a short time (e.g., during rounds), staff must announce each entry. Failure to comply with this policy may result in disciplinary action in accordance with agency personnel policies.” The policy addresses all standard requirements. The policy requires staff to verbally announce their presence before entering any area where clients may be undressed, including shower rooms, restrooms, sleeping areas, and changing areas. The policy specifies that announcements must be made loudly enough to be heard by all clients in the area and must occur prior to entry, with announcements required for each entry, even if multiple entries are made in a short period of time.

During the site review, the auditor observed a male security staff member conducting rounds. The staff member was observed knocking on both bedroom and bathroom doors, clearly announcing “Staff” in a loud voice, waiting approximately two seconds, and then entering the room. There are no windows on either the bedroom or bathroom doors, meaning staff must open the doors to see into these areas.

Interviews with thirteen of thirteen residents confirmed that staff consistently knock and announce their presence before entering bedrooms or bathrooms, regardless of the staff member’s gender. Both English- and Spanish-speaking clients understood the process and announcement when they were made. Similarly, interviews with seven staff members responsible for conducting rounds confirmed that they follow the procedure of knocking and announcing before entry. These staff included both male and female personnel. Interviews with staff who covered shifts during normal sleeping hours indicated they knock more quietly before entering the bedroom, and do not announce “staff”.

Indicator (e).

Formal and informal conversations with staff and clients confirmed that unclothed observations of clients do not occur at the facility. Interviews with the Program Director and Assistant Program Director further verified that, in the event a transgender or intersex client were admitted, the facility would not conduct

searches or physical examinations to determine genital status. Instead, medical records and other medical documentation would be relied upon to inform referral and management decisions. Twelve of twelve random staff interviewed reported they knew they would never search a transgender resident for the purposes of discovering their genital status.

Indicator (e).

All thirteen staff interviewed reported they have been trained on how to conduct pat searches. Six of twelve randomly selected staff provided additional detail, noting they had received formal training on conducting searches of clients of any gender from a retired law enforcement officer contracted by the agency to deliver this instruction. In addition, all twelve staff confirmed they received supplemental training from the Program Director during several weekly staff meetings in recent months on how to conduct trauma-informed searches of transgender and intersex clients. This training emphasized performing searches in a professional and respectful manner, in the least intrusive way possible, while maintaining necessary security measures.

The interview with the Program Director confirmed this training had been provided several times. The PREA Coordinator also confirmed how the agency hired the retired law enforcement officer to provide pat search training for all staff, which included how to be professional and respectful while conducting a search of any gender.

Compliance Determination

The facility exceeds the requirements of Standard 115.215 across indicators (a) through (f). Facility policy strictly prohibits strip searches and visual body cavity searches under any circumstances, including exigent circumstances, which goes beyond the standard's minimum requirement that such searches be limited to exigent situations or performed by medical practitioners. Consistent with policy, unclothed searches do not occur at the facility, a practice confirmed through staff and client interviews. Pat searches are limited to male staff conducting searches of male clients, with procedures in place to ensure client privacy and dignity, including the use of clearly marked areas for clothed pat searches. Clients have access to changing rooms and bathrooms without video surveillance.

	Although the facility does not currently house cisgender female clients, the Program Director confirmed that transgender women would either be searched by staff of their preferred gender or through a trauma-informed method using a handheld wand and visual inspection only. This approach offers residents meaningful choice and by adopting less intrusive alternatives. The facility also ensures that access to programming and services would not be restricted for transgender clients as a result of search procedures or the lack of a specific gender staff working a shift. Because strip searches and cross-gender pat searches of female residents do not occur, there are no search logs to review; however, this reflects the prohibition of such practices rather than a failure to document. Policies and practices further ensure client privacy through requirements that both male and female staff knock and announce their presence before entering bedrooms, bathrooms, showers, or changing areas. This was confirmed through both direct observation and consistent staff and client reports. Staff and leadership confirmed that genital status would never be determined through searches, but rather through respectful conversations with the client, review of medical documentation, or, if necessary, a private medical examination by a qualified practitioner. Finally, staff receive layered training on search procedures, including formal instruction from a retired law enforcement officer on conducting pat searches of residents of any gender, and ongoing weekly training from the Program Director on trauma-informed searches of transgender and intersex residents. This combined training ensures searches are conducted professionally, respectfully, and in the least intrusive manner possible. Taken together, the facility's policies, practices, training, and culture reflect a commitment not only to compliance but also to the dignity and safety of clients, thereby substantially exceeding the requirements of Standard 115.215.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> Language, Literacy, and Disability Access Policy PREA Posters

Site Review Observations

Language Interpretation Contract for LEP and ASL

Resident Handbook

Interview with Agency Director

Interview with Director of Diversity, Equity, and Inclusion

Interviews with Staff

Interviews with Clients

Interviews with Clients with disability or who are LEP

Summary of Evidence

Indicator (a). The Recovery Network of Programs has developed a policy to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Language, Literacy, and Disability Access Policy states that the program "is committed to ensuring equitable access to services for all clients, including individuals with disabilities, limited English proficiency, or low literacy" and that programs "will take appropriate steps to ensure that all residents—regardless of ability—have an equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment." The policy establishes procedures for accommodations, including having staff read materials aloud to non-literate clients.

During the site review, the auditor observed PREA Audit Notices and PREA posters displayed in large print across the facility, enabling residents with low vision to access key PREA information. Client handbooks were printed in a sans serif font, size 16, consistent with U.S. Access Board recommendations for readability. The Agency Director reported that accessibility considerations were integrated into physical plant planning, including accessible rooms, showers, toilets, and entries. Materials are available in large print, and staff provide oral explanations when literacy or other accommodations are needed.

Resident and staff interviews confirmed that accommodations are implemented in practice. One resident with a psychological disability reported that they regularly

use their case manager to assist with reading written materials and understanding procedures. The case manager confirmed that intake education includes explaining each resident's rights to be free from sexual abuse and harassment and ensuring that residents understand how to make a report. The resident interviewed stated they clearly understood the process by the end of intake.

Indicator (b). The agency has established clear policies and practices to ensure meaningful access for residents with limited English proficiency (LEP). The Language, Literacy, and Disability Access Policy requires that "programs will take appropriate steps to ensure that all residents, regardless of ability, have an equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment" and specifies that bilingual Spanish-speaking staff are available to review intake materials, handbooks, and emergency procedures in Spanish. For clients who speak other languages, the policy mandates the use of agency-approved translator and interpreter services, LanguageLine, to ensure effective communication and comprehension, rather than relying on resident interpreters except in emergency circumstances. The auditor reviewed the contract and confirmed it is in effect.

During the site review, posters and PREA Audit Notices and PREA Posters were displayed throughout the facility in English and Spanish, ensuring that residents with limited English proficiency could access information about their rights and how to report sexual abuse or harassment. Resident handbooks were also available in Spanish and provided in a format that emphasized readability and accessibility. The auditor also noted the instructions for using the telephonic interpreter line posted on the wall behind the attendants' desk, where staff are posted.

Interviews supported that staff actively provide accommodations for LEP residents. The Agency Director confirmed that bilingual staff are assigned to assist Spanish-speaking residents and that professional interpreter services are engaged promptly when residents speak languages other than English or Spanish. All staff reported they were trained to avoid reliance on resident interpreters to preserve accuracy, impartiality, and confidentiality in communication. All staff interviewed indicated they would first use another staff person to translate if one was available. Most staff who were interviewed confirmed they were aware of the telephonic interpretation line, but did not need to use it. One case manager reports using the telephonic interpretation line during the intake screening and education process.

Two LEP residents, whose primary language is Spanish, were interviewed. A

telephonic interpreter was successfully accessed via the exact instructions provided to staff at the facility. Both residents interviewed confirmed they were educated on their rights under PREA during intake by a Spanish-speaking staff member. Both said Spanish-speaking staff were generally available if they requested one. Both confirmed that either a case manager or the Program Director could translate if needed.

Indicator (c). The Language, Literacy, and Disability Access Policy explicitly states that “resident interpreters, readers, or other forms of client assistance will not be relied upon, except in limited circumstances where a delay would compromise a resident’s safety”. This language aligns directly with the PREA requirement under 28 C.F.R. §115.216(c), ensuring that residents are not placed in the role of interpreting or assisting others with communication related to reporting or responding to sexual abuse or harassment, except in narrowly defined emergency situations.

No evidence was observed during the site review or from resident interviews to suggest that the facility uses residents as interpreters or readers under normal circumstances. Instead, the facility demonstrated its reliance on agency-approved interpreter services and bilingual staff for ongoing communication needs.

During interviews, all staff confirmed their understanding that only qualified bilingual staff or professional interpreters should be used for communication with residents with limited English proficiency or other communication barriers. Staff stated they are trained not to rely on residents to provide interpretation, except in rare circumstances where immediate communication is necessary to preserve safety or respond to an urgent report. Neither LEP resident interviewed indicated that they needed another resident to interpret for them.

Compliance Determination

The facility substantially complies with this standard. Policy requires equitable access for residents with disabilities and those with limited English proficiency, prohibiting reliance on resident interpreters except in emergencies. PREA materials were observed in large print, and resident handbooks were produced in accessible font sizes. Bilingual staff provide Spanish-language support, and agency-approved interpreters are used for other languages. Staff confirmed that they read materials aloud when needed and do not rely on residents to interpret. Resident and staff interviews confirmed these practices, demonstrating compliance with §115.216.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> PREA Compliance and Safety Assurance Policy Files of persons hired or promoted in the past 12 months Records of background checks conducted by the agency Interview with Human Resources Staff <u>Summary of Evidence</u> <i>Indicator (a).</i> The facility's PREA Compliance and Safety Assurance Policy clearly reflects this requirement, stating: "Men's Transitional House and Men's Recovery House does not hire, promote, or contract with any individual who may have contact with residents if they have: A history of sexual abuse in a correctional or institutional setting; A conviction for sexual activity involving force, coercion, or lack of consent; or Been found, through civil or administrative proceedings, to have engaged in such behavior." The policy further requires candidates to disclose relevant history, undergo a comprehensive background check, and authorizes termination if an applicant omits or falsifies information. Background checks are repeated every five years. To assess compliance, the auditor reviewed the personnel records of eight employees hired within the past twelve months. Each file contained documentation of completed criminal background checks. Additionally, the facility provided documentation of the hiring process, which included applicants being asked directly whether they had engaged in the prohibited conduct listed in Standard 115.217(a). In interviews, Human Resources staff confirmed that all new hires are subject to background checks and direct questioning on these matters, consistent with both PREA requirements and agency policy. They further confirmed that these processes are consistently applied to all employees and to contractors who may have contact with residents. <i>Indicator (b).</i> Human Resources Staff reported that, in practice, if an applicant is

identified as having a history of sexual harassment, the matter is discussed with agency and program leadership. They explained that the agency considers the severity of the incident and the time elapsed since it occurred to make a case-by-case determination on whether to proceed with hiring or promotion.

Indicator (c). The agency's PREA Compliance and Safety Assurance Policy reflects this requirement, stating: "As part of the recruitment process, candidates are required to disclose any relevant history, undergo a comprehensive background check, and efforts are made to contact all prior institutional employers. Intentionally leaving out important information or providing false information about this type of misconduct may result in termination. Background checks are repeated every five years."

In practice, the Human Resources staff confirmed that applicants are subject to an extensive background screening process for PREA-certified facilities. This process includes running checks through state and national criminal databases, state and national sex offender registries, and other relevant databases. Staff also reported that, consistent with policy, they attempt to contact all prior institutional employers. They described this process as typically submitting an email request to an applicant's former institutional employer, such as a hospital, correctional facility, or school, to inquire about any substantiated allegations of sexual abuse or resignation during an active investigation. Human Resources staff provided one recent example of such a letter being submitted to a prior institutional employer; however, they reported that no response was received.

Indicator (d). The agency's PREA Compliance and Safety Assurance Policy incorporates this requirement, providing that: "Contractors who will have extensive, non-supervised contact with residents will be subject to the same background process as employees." The agency identified only one contractor who provides recurring services at the facility with potential resident contact. The agency provided documentation to the auditor showing that a criminal background check was completed for this contractor prior to service engagement.

Indicator (e). The PREA Compliance and Safety Assurance Policy states: "Background checks are repeated every five years." This provision demonstrates the agency's commitment to ensuring ongoing compliance with the PREA

requirement for current employees and contractors who may have contact with residents.

Because the facility has not yet been in operation for five years, no five-year rechecks were available for review at the time of the audit. Human Resources staff confirmed in interviews that the agency's policy and practice is to redo background checks for all current employees at the five-year mark, in accordance with PREA standards.

Indicator (f). Human Resources staff confirmed that all applicants are directly asked during the application process whether they have engaged in conduct prohibited under PREA, including sexual abuse as defined in the standards. These questions are part of the agency's written application materials and are also addressed during interviews.

Agency policy further establishes a continuing obligation for employees to disclose misconduct. Specifically, Policy Section 7, Paragraph D states: "Employees are required to report an arrest to their direct supervisor and submit a police report or other documentation concerning the arrest and/or charges. The report must be submitted within two business days of the arrest." This requirement places an affirmative duty on staff to disclose conduct that may impact their suitability for employment in a PREA-certified facility.

Indicator (g). The agency's policy establishes that material omissions or the provision of false information are grounds for disciplinary action, including termination. Policy Section 7, Paragraph D states: "Failure to report an arrest in two business days may result in disciplinary action, up to and including termination of employment, because of failure to disclose." This provision supports the agency's obligation to ensure that employees provide complete and accurate information regarding any misconduct that could affect their suitability for employment.

Indicator (h). Human Resources staff reported that they have not, to date, received any communication from an institutional employer requesting information about substantiated allegations of sexual abuse or sexual harassment involving a former employee. Staff confirmed, however, that if such a request were received, they

would provide the information allowable under law in response. This practice aligns with PREA requirements to share substantiated misconduct history with institutional employers upon request.

Compliance Determination

The facility substantially complies with the standard. The agency's PREA Compliance and Safety Assurance Policy prohibits the hiring, promotion, or contracting of any individual who may have contact with residents if they have a history of sexual abuse in a correctional or institutional setting, a conviction for sexual activity involving force, coercion, or lack of consent, or have been found through civil or administrative proceedings to have engaged in such behavior. The policy also requires candidates to undergo comprehensive background checks, disclose any relevant history, and authorizes termination for omissions or false information. Contractors with unsupervised resident contact are subject to the same screening process.

The auditor reviewed the personnel records of eight employees hired within the past twelve months. Each file documented completed criminal background checks. Hiring records also showed applicants were directly asked if they had engaged in the prohibited conduct outlined in the standard. Human Resources staff confirmed that these questions are part of the application and interview process, and that applicants are screened through multiple databases, including state and national criminal background systems and sex offender registries. HR staff further confirmed that they attempt to contact prior institutional employers, typically through email, to verify whether substantiated allegations of sexual abuse existed or if an applicant resigned during an active investigation. HR provided an example of such an inquiry, although no response was received.

With respect to contractors, the agency identified one contractor with recurring resident contact. Documentation was provided showing a background check was conducted prior to service engagement. For current employees and contractors, policy requires that background checks be repeated every five years. While the facility has not yet reached five years of operation, HR staff confirmed the agency's practice will be to redo all current employee background checks at that time.

The agency also considers incidents of sexual harassment in employment decisions. HR staff reported that any such history is discussed with agency and program leadership, and decisions are made on a case-by-case basis depending on the severity of the incident and the time elapsed. Policy further imposes an ongoing

	affirmative duty to disclose misconduct. Policy Section 7, Paragraph D requires employees to report arrests within two business days and to provide documentation, stating: “Failure to report an arrest in two business days may result in disciplinary action, up to and including termination of employment, because of failure to disclose.” Finally, HR staff stated that while no institutional employer has yet requested information regarding substantiated allegations of sexual abuse or sexual harassment involving former employees, they would provide such information to the extent permitted by law.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> Security and Safety Policy Program Building blueprint Site Review observations of the physical plant Interview with Agency Head Interview with Program Director Interview with Security Coordinator <u>Summary of Evidence</u> <i>Indicator (a).</i> The program under review is a newly developed facility that underwent a complete renovation of its floor prior to opening. The Security and Safety Policy explicitly states that “the security and sexual safety of the clients were considered when planning the layout of the program”. The policy also designates a specialized bedroom with a private bathroom near staff offices to house residents at higher risk for sexual assault, reflecting intentional integration of PREA considerations in the design.

During the site review, the auditor observed that stationary security cameras were placed in all common spaces, hallways, stairwells, and entry points accessible to residents, but not in bathrooms or bedrooms, ensuring both safety and privacy. Camera placement provided broad coverage with few blind spots, and the attendants' station was strategically located in the center of the single-floor facility with clear lines of sight to both ends of the hallway, all entrances, and the public entry. All offices and entryways were secured with electronic key-card locks, limiting access to staff only. The Security Coordinator confirmed that video and access control systems are maintained in a secured IT closet and monitored using a commercial software, which automatically notifies staff if a device fails.

Interviews with the Agency Director and Program Director confirmed that sexual safety was a critical component in design decisions. Input was sought from agency leadership, program leadership, the PREA Coordinator, and the Security Coordinator during the planning stages. The Program Director reported that staffing levels were directly determined by physical plant needs and operational requirements, with a goal of ensuring continuous supervision and maintaining at least one male and one female staff member to facilitate searches when possible.

Indicator (b). The Security and Safety Policy documents the installation of fifty-five 4MP wide-angle cameras with night vision and human detection, a 20TB recording system with a 30-day retention period, panic devices in staff offices, and thirty-two access-controlled doors. The auditor confirmed the functionality of the system during the site review and noted that camera monitors provided staff with near-complete visibility of resident-accessible areas. The Security Coordinator stated that access to video recordings and logs is restricted to leadership and himself, and footage is only released upon authorization from the agency executive team.

Although the program does not yet have historical operational data given its newness, its facility design, technology investments, and monitoring procedures reflect best practices in sexual safety planning and demonstrate the agency's compliance with both indicators of this standard.

Compliance Determination

The facility is in compliance with this standard. The agency considered sexual safety during the design and renovation of the program, as confirmed by policy, leadership interviews, and site review observations. The facility incorporated features such as strategic staff placement, extensive camera coverage of all common areas without

	intrusion into private spaces, and electronic access controls. The Security and Safety Policy documents the installation of a robust surveillance and access control system, maintained and monitored by the Security Coordinator and IT staff. Interviews with agency and program leadership confirmed that sexual safety considerations drove design and staffing decisions, and that camera and access systems are actively monitored with restricted access. These measures meet the requirements of both indicators of this standard.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • Response to Allegations of Sexual Abuse or Assault policy • PREA Investigations policy • Connecticut Uniform Sexual Assault Evidence Collection Program • MOU with the Center for Family Justice • Institutional Response Plan • Site review observations • Interview with PREA Coordinator, • Interview with Agency Director • Interview with Bridgeport Hospital staff • Interview with Center for Family Justice Staff <u>Summary of Evidence</u> <i>Indicator (a).</i> Staff and investigator interviews, policy reviews, and site observations indicate that the agency follows a uniform evidence protocol designed to maximize the collection of usable physical evidence. The Response to Allegations policy requires the first responder to “preserve and protect the crime scene,” “close off any room” where abuse occurred, and ensure neither the victim nor alleged abuser takes actions that could destroy evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking) when within an evidentiary window. The PREA Investigations policy directs investigators to collect and preserve “all relevant evidence, including physical, DNA, circumstantial, and electronic monitoring data”. In interviews, all 13 randomly selected staff members recited, without prompting, their duty to separate involved parties, secure the scene, and protect evidence. The investigator described overseeing preservation steps so that BPD could collect and review the evidence.

Indicator (b). The agency's protocol aligns with Connecticut's statewide Uniform Sexual Assault Evidence Collection program administered by the Division of Criminal Justice, which establishes standardized kits, forms, and technical guidelines used by health-care facilities statewide. The facility does not house youth; therefore, developmental adaptations for youth are not applicable in practice.

Indicator (c). The facility will offer victims of sexual assault the ability to have a forensic exam without cost, regardless of whether they cooperate in the investigation. The policy requires timely access to emergency medical treatment and crisis intervention. It expressly offers forensic medical examinations at Bridgeport Hospital by SAFEs/SANEs "where possible," with documentation of efforts to secure SAFEs/SANEs. The PREA Coordinator and Program Director confirmed that services are provided without financial cost from the agency and regardless of whether the victim names the abuser. The PREA Coordinator and Program Director explained that transport occurs either by ambulance or facility vehicle, and the response plan assigns the Assistant Program Director to oversee medical coordination (corroborated by staff/hospital interviews).

Indicator (d). The response policy and institutional plan provide access to outside victim advocates. Case managers refer residents directly to the Center for Family Justice (CFJ), and hospital staff confirm that they contact CFJ when advocacy is requested. The Program Director indicated that no such exams have been requested or offered for facility residents. There have been no allegations of abuse requiring a medical examination. The Recovery Network of Programs has an MOU with the Center for Family Justice to provide support services to victims of sexual assault. Discussions with the Center for Family Justice confirm their agency's ability to provide services for residents at Men's Transitional House.

Indicator (e). Consistent with policy and interviews, if the victim requests, a CFJ victim advocate will accompany and support the resident through the forensic exam and investigatory interviews, providing emotional support, crisis intervention, information, and referrals. The investigator stated they would allow an advocate whenever the resident requests one. Bridgeport Hospital likewise confirmed that CFJ advocates are available upon request. The institutional response plan indicates that

	the case manager will be responsible for contacting CFJ for services. <i>Indicator (f).</i> Because criminal investigations are conducted by law enforcement, the facility documented its request that BPD follow up in an August 2025 letter. The Agency Director reported discussing PREA requirements with the Chief of Police and agreeing to share information as permitted by law. <i>Indicator (h).</i> CFJ confirmed that its advocates are trained to provide emotional support and accompany victims during forensic examinations and interviews. Advocates receive a minimum of 40 hours of training to learn how to provide these services, along with a post-hire training program. <u>Final Compliance Summary and Determination</u> The facility substantially meets the requirements of the standard. Policies and interviews demonstrate a coherent, PREA-aligned evidence protocol. First-response steps and preservation duties are clearly articulated and memorized by staff. Investigators are directed to collect and preserve all relevant forms of evidence. The facility provides access to forensic medical exams at Bridgeport Hospital, offering SAFEs/SANEs at no cost to the victim, with oversight by leadership and established transport procedures in place. Advocacy access is established via CFJ (with an MOU, referrals by case managers, and hospital activation), and both investigative and medical partners confirmed they honor resident requests for advocates. The facility also proactively requested that BPD observe PREA's evidence-protocol provisions during its investigations in August 2025. These practices align with §115.221(a)-(f), (h), and with Connecticut's statewide Uniform Sexual Assault Evidence Collection program and technical guidelines, which standardize kit use and procedures across hospitals statewide, including Bridgeport Hospital.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence of Compliance Finding Reviewed

- PREA Investigations policy
- PREA Compliance and Safety Assurance policy
- Response to Allegations of Sexual Abuse or Assault policy
- Agency website
- Incident Report form
- Interview with Agency Director
- Interview with Program Director
- Interview with Investigator
- Interview with PREA Coordinator

Summary of Evidence

Indicator (a). The Agency Director reported a productive working relationship with the Bridgeport Chief of Police and confirmed that potentially criminal conduct is immediately referred to the Bridgeport Police Department and that all such referrals are documented. Administrative investigations are immediately forwarded to the agency investigator. Incident Report forms document the date and time of the referral; however, in practice, notification is often made via text or email.

The Program Director confirmed this process, noting that while there has been only one PREA allegation, other incidents have triggered immediate text and phone contact with the investigator from either the Program Director or Assistant Program Director. The investigator stated he is in constant communication with program leadership regarding incidents. This practice is supported by written policy.

The PREA Investigations policy states: "All allegations of sexual harassment will be investigated through the agency's administrative process. Allegations of sexual abuse that may involve criminal behavior will be referred to the Bridgeport Police Department or another appropriate law enforcement agency. If the alleged conduct does not rise to the level of a crime, an internal administrative investigation will still be conducted. All referrals will be documented and reported to the PREA Coordinator and the CEO." The Response to Allegations policy further requires immediate internal notification: "Staff must immediately notify the Program Director and the agency PREA Coordinator."

Indicator (b). The agency maintains and publishes a policy ensuring referrals of

potentially criminal allegations to an entity with criminal investigative authority, and requires documentation of such referrals. The PREA Investigations policy provides, in quoted terms above, that criminal-behavior allegations “will be referred to the Bridgeport Police Department... [and] [a]ll referrals will be documented and reported to the PREA Coordinator and the CEO.” The PREA Compliance and Safety Assurance policy directs staff to the place where the referral and investigation procedures are detailed: “For information on how the agency refers and investigates allegations of sexual abuse, please refer to policy PREA Investigations.”

The investigator confirmed in interview that he tracks how referrals are received. The agency PREA webpage, observed during the site review, describes how referrals may be made directly to the PREA Coordinator, satisfying the publication element of §115.222(b), which requires the policy be “publish[ed]...on its website...[and] document all such referrals.”

Indicator (c). The agency’s PREA webpage, observed during the site review, states that the Bridgeport Police Department handles criminal investigations. The PREA Investigations policy delineates the agency’s administrative responsibilities (immediate internal referral, documentation, and notification to the PREA Coordinator and CEO), while referring criminal matters to law enforcement.

Compliance Determination

The facility substantially meets the requirements of the standard. Documented practice and convergent interviews indicate that every allegation triggers an investigation, with potentially criminal cases immediately referred to the Bridgeport Police Department and all referrals documented. Administrative cases are forwarded to the investigator promptly, and Incident Reports capture the referral date and time. Leadership often initiates rapid notifications by text or email. The agency publishes referral information on its website, including contact information for the PREA Coordinator and the delineation that the Bridgeport Police Department handles criminal investigations. The quoted policies substantively meet the standard’s publication and documentation requirements and clearly assign responsibilities between the program and law enforcement: “Allegations...that may involve criminal behavior will be referred to the Bridgeport Police Department...[and] [a]ll referrals will be documented and reported to the PREA Coordinator and the CEO,” and “Staff must immediately notify the Program Director and the agency PREA Coordinator.”

115.231	Employee training
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>Evidence of Compliance Finding Reviewed</u> Staff Training Policy Staff PREA Training Slide Deck Staff Written Acknowledgement Form Staff Training Records Interview with the Program Director Interviews with Random Staff <u>Summary of Evidence</u> <i>Indicator (a).</i> Policy requires that all employees who may have contact with residents receive PREA training tailored to the gender of residents at the facility, with additional training required if staff transfer between male and female facilities. Training content explicitly includes the agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities under PREA policies, residents' rights to be free from sexual abuse, sexual harassment, and retaliation, the dynamics of sexual abuse and harassment in confinement, common reactions of victims, how to detect and respond to signs of abuse, how to avoid inappropriate relationships with residents, professional communication with all residents including those who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming, and compliance with mandatory reporting requirements. A review of the PREA training slide deck confirmed that all required training topics are covered. Training records and staff acknowledgement forms demonstrate that all staff currently employed have received this training and signed statements acknowledging their understanding. The facility provides refresher training every two years, with supplemental PREA-related information in alternate years, and the Program Director conducts weekly staff meetings to reinforce PREA requirements and trauma-informed practices. Interviews with random staff confirmed that they understood their responsibilities for preventing, detecting, and reporting sexual abuse and harassment. Staff

consistently articulated the zero-tolerance policy, residents' rights, and their duty as mandated reporters. All staff knew how to report allegations, how residents can report, and the importance of protecting residents from retaliation. They could describe the dynamics of abuse, common victim reactions, and warning signs of sexual harassment or abuse. While three staff members could not specifically recall training on communication with LGBT residents, all other required elements were consistently recalled. Staff further reported that training was received either at hire or through the consultant-led "train the trainer" PREA session in August 2024.

Indicator (b). The facility's training is tailored to its population of male residents and acknowledges the potential admission of transgender, intersex, or nonbinary residents. The staff training policy specifies that training must address how to communicate effectively and professionally with residents of diverse gender identities and expressions. Staff reported during interviews that their training emphasized the importance of recognizing and appropriately responding to residents who may identify as transgender or nonbinary, and that these considerations are integrated into the overall training on sexual safety, reporting, and respectful communication.

The Program Director confirmed that all staff, including those who may have previously been employed at another program operated by Recovery Network of Programs, are required to complete the full PREA training upon hire at this facility. The training requirement applies to all employees assigned to work in a "PREA certified" facility, regardless of their prior experience with the agency.

Indicator (c). The program has been open for just under a year; therefore, formal refresher training has not yet been required. A review of training records confirmed that all current employees have received the initial PREA training and signed acknowledgments of their understanding. During interviews, the Program Director confirmed that additional formal refresher training is planned within the year, to again be provided by the consultant who conducted the original "train the trainer" session in August 2024.

In the interim, informal refresher training is provided during weekly staff meetings led by the Program Director. Four random staff specifically identified these weekly meetings as a consistent source of ongoing PREA training and reinforcement, covering topics such as trauma-informed searches, mandated reporting, and how to respond to allegations of abuse or harassment.

Indicator (d). The auditor reviewed staff training records during the onsite visit and confirmed that all staff have signed acknowledgement forms verifying they received and understood PREA training. These records are maintained in staff training files as documentation of compliance.

Interviews with staff further supported this documentation: staff consistently recalled core elements of PREA training, including zero tolerance, reporting duties, and resident rights. Although a few staff could not recall the specific content on communication with LGBT residents, all staff demonstrated a general understanding of their responsibilities and the training they had completed.

Compliance Determination

The facility meets substantial compliance with this standard. Policy requires that all employees with resident contact receive PREA training within 90 days of employment, and training records confirm that all current staff have completed this requirement and signed acknowledgement forms verifying their understanding. A review of the PREA training curriculum confirmed that all ten required training topics are included, including the agency's zero-tolerance policy, staff responsibilities, residents' rights, dynamics of sexual abuse and harassment, how to detect and respond to warning signs, avoiding inappropriate relationships, professional communication with all residents, including those who are LGBT, and compliance with mandatory reporting requirements.

The training is tailored to the male resident population while acknowledging the potential presence of transgender, intersex, or nonbinary residents. Staff confirmed that training emphasized respect for gender diversity. The Program Director reported, and staff interviews confirmed, that all employees, regardless of prior employment at other agency facilities, are required to undergo the training if working in a PREA-certified facility.

Although the program has been open for just under a year and has not yet reached the two-year mark requiring formal refresher training, the Program Director confirmed that a consultant-led refresher session is planned within the following year. In addition, staff receive ongoing informal refresher training during weekly staff meetings, which several employees identified as a regular source of PREA

	reinforcement. Documentation is maintained adequately through signed acknowledgement forms, and interviews confirmed staff retention of core training requirements. While a few staff could not specifically recall the segment on effective communication with LGBT residents, all staff demonstrated understanding of the agency's zero-tolerance policy, reporting duties, and how to protect residents from abuse and retaliation.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • PREA Compliance and Safety Assurance Policy • Updated, signed contractor PREA acknowledgement form • Site review observations <u>Summary of Evidence</u> <i>Indicator (a).</i> The facility identified that it uses only one recurring contractor with resident contact, a pest control contractor. Initially, the contractor was only informed that the facility complies with PREA and asked to acknowledge that fact. Following the auditor's review, the facility updated its contractor acknowledgement form to state the contractor's responsibilities to inform staff if they observe or otherwise become aware of sexual abuse or sexual harassment. The facility provided the updated, signed form during the post-audit review period. The auditor did not observe the presence of any contractors in the facility during the on-site phase. The agency's PREA Compliance and Safety policy requires that "all volunteers and contractors who have contact with clients/residents receive documented training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures prior to entry," and the agency "shall maintain documentation confirming that volunteers and contractors understand the training they have received,".

	<i>Indicator (b).</i> Because the pest control contractor has minimal resident contact, the facility limited content to what the standard permits for lower-contact roles: notification of the agency’s zero-tolerance policy and how to report incidents. The updated signed acknowledgement reflects that the contractor was notified how to report and understands the expectation to bring any observed or known sexual abuse/harassment to staff. The agency policy mirrors the standard by requiring that “volunteers and contractors...be notified of the agency’s zero-tolerance policy... and informed how to report such incidents.” <i>Indicator (c).</i> The agency maintains documentation confirming understanding by volunteers and contractors. For this facility, the documentation consists of the updated, signed pest control contractor acknowledgement form obtained during the post-audit review period. <u>Compliance Determination</u> The facility substantially complies with the requirements of the standard. Based on the policies reviewed, the updated documentation provided, site observations, and interviews. The facility demonstrated that it has identified the one contractor with direct resident contact, notified that contractor of the agency’s zero-tolerance policy and reporting expectations appropriate to the contractor’s limited level of contact, and obtained signed documentation confirming the contractor’s understanding via an updated acknowledgement form after the auditor’s feedback. The agency’s written policy expressly requires contractor training/notification and retention of documentation. Considering the minimal resident contact, the tailored training content is appropriate under the standard, and the signed acknowledgement provides documentary proof of understanding.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> PREA Compliance and Safety Assurance Policy Language, Literacy, and Disability Access Policy

Site review observations

PREA Acknowledgement Forms/Intake Education Materials

Resident Handbook

Interview with Assistant Program Director

Interviews with intake staff

Interview with random residents

Summary of Evidence

Indicator (a). Policy requires that “During the intake process, clients/residents shall receive information explaining the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents”.

During the site review, the auditor confirmed with the Program Director and intake staff that case managers are responsible for intake processing, including educating residents on rights concerning sexual safety, multiple reporting avenues, and outside services available to them. The Assistant Program Director provides additional PREA education to clients within 30 days of intake and provides clients with the written PREA Acknowledgement forms. The auditor observed PREA posters in English and Spanish, in large print, describing how residents can report to the Recovery Network of Programs, DMHAS Client Rights, submit a grievance, contact the PREA Coordinator, and access the Center for Family Justice for outside emotional support.

During the site review, the auditor verified that residents have unmonitored access to their own cell phones as well as a facility handset that could be used privately to call outside support services without staff listening, PINs, or identifying information required.

The auditor conducted a mock intake with a case manager who explained the zero-tolerance policy, residents’ rights to be free from sexual abuse, harassment, and retaliation, and demonstrated knowledge of reporting procedures, use of interpreters, and accessible formats. The case manager also offered to read

materials aloud without prompting.

During interviews with two case managers responsible for intake, both confirmed that they provide residents with PREA education and require residents to sign a PREA acknowledgement form, which affirms the resident's understanding of their rights and how to report. A copy of this signed acknowledgement form was provided to the auditor. Interviews with the intake case managers and the Assistant Program Director confirmed that residents are educated by both case managers and the Assistant Program Director upon intake regarding their rights and how to report abuse, harassment, and retaliation, and that residents are directed to PREA posters for further information. All staff interviewed confirmed that intake materials may be read aloud or translated to ensure accessibility.

Interviews with residents demonstrated varied recall. Three of thirteen residents specifically remembered being informed about their rights under PREA or how to report abuse or harassment. However, all residents recalled that PREA was discussed at intake and that staff explained what PREA was and what it meant. This shows that the education is being provided, though recall of details varies among residents. The auditor reviewed 12 randomly selected resident files and found PREA acknowledgement forms signed within 30 days of intake in every file. These forms document that residents received PREA education and confirmed their understanding of their rights and reporting mechanisms.

At the time of the onsite visit, resident handbooks were not consistently distributed at intake. Following the audit, the Program Director provided a written memo confirming that handbooks, containing PREA materials in both English and Spanish, have been distributed to all current residents and that intake case managers are trained to provide handbooks at admission. Handbooks are also now available at the attendants' desk.

Indicator (b). Interviews with two case managers and the Assistant Program Director confirmed that all residents are provided with PREA education during the intake process at this facility, regardless of whether they are arriving from another program, facility, or referral source. Staff explained that intake education is consistently applied to every resident to ensure all are informed of their rights and responsibilities related to PREA upon entry.

The auditor reviewed twelve randomly selected resident case files, each of which

contained a completed PREA acknowledgement form signed within 30 days of intake, documenting receipt of the required education. This process ensures that all residents, including those transferring from another placement, are provided with PREA information upon arrival.

Indicator (c). Agency policy states that “Programs will take appropriate steps to ensure that all residents—regardless of ability—have an equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”

The policy further requires accommodations, including, "Staff will read intake forms, the resident handbook, and emergency procedures aloud for non-literate clients. Spanish-speaking staff review all Spanish-language intake materials (including the handbook and emergency procedures) with Spanish-speaking clients. For other languages, staff will use agency-approved translator and interpreter services to ensure effective communication.

During the site review, the auditor observed PREA posters displayed prominently in the facility in very large print, available in both English and Spanish. The resident handbook contained the same PREA information along with grievance procedures, also available in both English and Spanish. Information regarding the Center for Family Justice, the outside confidential support agency, was accessible in the lobby and at the attendant’s desk in both languages.

Half of the interviewed residents reported that they had read the PREA materials, and one resident happened to have some of the literature from the Center for Family Justice on his person at the time of the random interview. Intake staff confirmed that materials can be read aloud to residents or interpreted for those who require additional assistance, ensuring accessibility to individuals with literacy limitations or language needs.

Indicator (d). Agency policy PREA Compliance and Safety Assurance affirms this requirement, stating: “The agency shall maintain documentation of client/resident acknowledgment of this zero-tolerance education”.

The auditor reviewed twelve randomly selected resident files. Each file contained a signed PREA Acknowledgement Form, completed within 30 days of intake. These acknowledgement forms documented that residents had received PREA education, including information about their rights under PREA and the procedures for reporting sexual abuse, sexual harassment, or retaliation.

Indicator (e). Agency policy affirms this requirement, stating: “In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to clients/residents through posters, handbooks, or other written formats”.

During the site review, the auditor observed signage placed throughout the facility that was easily accessible and legible to residents. The signage language was clear and easy to understand. Posters included information specific to the Center for Family Justice (the designated rape crisis agency), available in both English and Spanish, and signage was also translated into the other languages most commonly spoken in the facility.

The auditor noted that signage accommodated a wide range of readers. Text size, formatting, and physical placement ensured readability for residents of average height as well as those with low vision or mobility impairments, including individuals using wheelchairs. All signage was intact, unobscured, and free from graffiti or damage; no information was missing or illegible.

Information presented on the signage was accurate and consistent throughout the facility, including up-to-date audit notices and current contact information for service providers and outside support agencies. Signage was prominently displayed in hallways and all common areas, including both common rooms, the exercise room, and the chow hall.

Compliance Determination

The facility substantially complies with this standard. Residents receive PREA education at intake, including information on the agency’s zero-tolerance policy, their rights under PREA, protections against retaliation, and multiple internal and external reporting methods. Education is consistently provided to all residents, including those transferred from other programs, and documented through signed

	acknowledgement forms. Materials are accessible in multiple formats, including English, Spanish, large print, and with staff or interpreter assistance for residents with literacy or language needs. PREA information is continuously available through handbooks and prominently posted signage throughout the facility in hallways and common areas. Signage is clear, intact, accessible to residents of varying abilities, and provides accurate and consistent contact information for reporting and outside services.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> Staff Training Policy NIC PREA Investigation Certificate Interview with staff who conduct administrative investigations <u>Summary of Evidence</u> <i>Indicator (a).</i> The agency’s Staff Training Policy provides that “staff who are authorized to perform sexual abuse investigations shall receive specialized training in approaches for conducting interviews with individuals who have experienced sexual abuse, appropriate application of Miranda and Garrity advisements during investigations, procedures for collecting and preserving evidence related to sexual abuse within a confinement setting, and understanding the standards and documentation needed to support administrative findings or refer a case for criminal prosecution”. Interview with the PREA Coordinator, who also serves as the agency’s administrative investigator, confirmed that they have completed the National Institute of Corrections (NIC) PREA Investigator training modules. This training includes specialized techniques for conducting investigations in confinement settings consistent with the requirements of the standard. The PREA Coordinator also affirmed that all criminal investigations of sexual abuse are conducted by the Bridgeport Police Department, with the agency’s role limited to administrative investigations.

Indicator (b). The auditor reviewed the National Institute of Corrections PREA Investigator training completed by the agency's investigator. The curriculum contains all of the specialized techniques outlined in the standard, including victim-centered interview practices, proper advisement of rights, and appropriate evidence collection and preservation protocols. In the interview, the agency investigator demonstrated knowledge of trauma-informed interviewing, including awareness of memory impairment and disorientation that may affect a victim's account of time and sequence of events. The investigator also articulated a clear understanding of the evidentiary standards applicable to administrative investigations (preponderance of the evidence) versus criminal investigations (beyond a reasonable doubt), as well as the procedures for making referrals to law enforcement. Further, the investigator described how evidence is preserved securely until law enforcement arrives to assume custody.

Indicator (c). The agency provided the auditor with a Certificate of Completion issued by the National Institute of Corrections for the course PREA: Investigating Sexual Abuse in a Confinement Setting, documenting three hours of specialized training. In interview, the designated investigator explained that they had initially completed the training in 2024, but retaken the course to ensure that an up-to-date certificate could be produced for audit documentation.

The documentation confirms completion of the required training, and the agency has maintained records as required by the standard.

Indicator (d). All criminal investigations at this facility are referred to the local police department, and the agency does not rely on a State entity or DOJ component for such investigations. As a result, this provision is not applicable.

Compliance Determination

The agency substantially meets all of the requirements of this standard. The agency's Staff Training Policy specifies that "staff who are authorized to perform sexual abuse investigations shall receive specialized training in approaches for

	conducting interviews with individuals who have experienced sexual abuse, appropriate application of Miranda and Garrity advisements during investigations, procedures for collecting and preserving evidence related to sexual abuse within a confinement setting, and understanding the standards and documentation needed to support administrative findings or refer a case for criminal prosecution”. The PREA Coordinator, who also serves as the administrative investigator, has completed the National Institute of Corrections training PREA: Investigating Sexual Abuse in a Confinement Setting. The auditor reviewed the NIC curriculum and confirmed it covers all specialized techniques required under the standard. In the interview, the investigator demonstrated understanding of trauma-informed interviewing practices, including awareness of how trauma can affect victim memory, and articulated the difference between evidentiary standards for administrative (preponderance of the evidence) and criminal (beyond a reasonable doubt) investigations. The investigator also described proper preservation of evidence pending law enforcement arrival and outlined the process for making timely referrals to local police, who retain responsibility for all criminal investigations. The agency provided a Certificate of Completion documenting the investigator’s successful completion of the NIC training. The investigator explained that while they had previously completed the training in 2024, they retook the course to ensure that a certificate was available for audit documentation purposes. Because all criminal investigations are conducted by the local police department and not by a state or federal investigative entity, indicator (d) of this standard does not apply.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard Auditor Discussion This standard does not apply to the program. The program does not hire or contract any medical or mental health practitioners who work in the facility. Program attendants provide prescribed medications to clients for the purpose of monitoring medication dispensing. Outside medical facilities in the community provide all medical and mental health services. Interview with a SANE nurse confirmed that all examinations would take place in the hospital. As such, there are no medical or mental health staff within the program requiring specialized PREA training as outlined under §115.235

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>Evidence of Compliance Finding Reviewed</u> PREA Compliance and Safety Assurance Policy Site Review Observations Resident File review Population Report Interview with the PREA Coordinator Interview with Assistant Program Director Interviews with staff responsible for intake screening Interviews with Residents <u>Summary of Evidence</u> <i>Indicator (a).</i> The agency's PREA Compliance and Safety Assurance Policy states: *"All residents shall be assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents. Intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument". The policy further requires consideration of disability, age, physical build, prior incarceration, criminal history, prior convictions for sex offenses, sexual orientation or gender identity (including whether a resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming), prior victimization, and the resident's own perception of vulnerability, as well as prior acts of sexual abuse, convictions for violent offenses, and history of institutional violence or sexual abuse. During the site review, the auditor confirmed that case managers are responsible for conducting the risk screening. The auditor observed and participated in a mock intake with a case manager. The process took place in the case manager's office, a private location away from visual and audio observation by staff or residents. The case manager conducted the process calmly and professionally, reading directly from the PREA screening form on the computer system. The case manager explained to the auditor that the purpose of the questions was to help determine how to keep residents safe and to inform housing and program assignments. The

case manager accurately defined terms such as “sexual abuse,” “sexual harassment,” “transgender,” and “bisexual,” and affirmatively asked about sexual orientation and gender identity. The case manager further explained that criminal history data is automatically factored into the scoring system and described how the point system identifies residents as high-risk victims or potential perpetrators.

The case manager also explained that completed screening information is stored electronically with restricted access to case managers, the Assistant Program Director, and the Program Director. The auditor confirmed that residents identified as high risk may be housed in rooms near staff offices for enhanced monitoring, consistent with policy.

Interviews with residents corroborated the practice: 9 of 13 residents interviewed recalled being asked PREA screening questions, with 3 of 13 specifically recalling being asked about LGBT identity. Review of 12 randomly selected resident files demonstrated that the PREA screening instrument was completed and scored for all residents. The Assistant Deputy Director confirmed they review all PREA screening tools after completion.

Indicator (b). The agency’s PREA Compliance and Safety Assurance Policy requires that “Intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument.”.

Interviews with both case managers confirmed that all PREA risk screenings occur within the first 24 hours of arrival, and in most cases within three hours of the resident entering the program. During resident interviews, 9 of 13 residents recalled being asked at least one PREA screening question, and all interviewed residents confirmed they met with a case manager on the first day they arrived at the program.

The auditor’s review of 12 randomly selected resident files confirmed that the PREA risk screening form was completed within 24 hours of arrival in all cases reviewed, consistent with and exceeding the 72-hour requirement outlined in policy and standard.

Indicator (c). PREA Compliance and Safety Assurance Policy* requires that **“Such assessments shall be conducted using an objective screening instrument.*

The auditor was provided with a blank copy of the facility’s PREA Risk Screening Form. The tool uses an objective scoring system based on the resident’s responses. For victimization risk, a score of 14 or higher designates the resident as “vulnerable.” On the predation scale, a history of sexual abuse results in a designation of “known predator,” while two or more affirmative responses indicates “potential predator.”

The auditor confirmed that the screening instrument is consistently applied to all residents. A review of 12 randomly selected resident files demonstrated that the instrument was completed in all cases reviewed and that the scoring scheme was applied consistently across files.

Indicator (d). The PREA Compliance and Safety Assurance Policy requires that intake screening “shall 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; the age of the resident; the physical build of the resident; whether the resident has previously been incarcerated; whether the resident’s criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; and the resident’s own perception of vulnerability.”

During the mock intake interview, the case manager asked the auditor all of the questions from the PREA Risk Assessment Form. The case manager explained that my criminal history would be noted from the referral packet as well as the judicial database which the facility uses.

Interviews with both intake case managers confirmed that the PREA Risk Screening Form incorporates all nine required elements, and that each element is scored as part of the objective assessment process. The auditor confirmed during review of the tool that these factors are explicitly measured. Criminal history and prior predatory behavior are included in the referral packet sent by the State to the facility and are scored accordingly. Additionally, case managers have access to the State’s judicial client database system, which provides information on institutional

behavior and criminal history. Both case managers reported using this system to ensure accurate scoring of the screening form.

Indicator (e). The PREA Compliance and Safety Assurance Policy requires that “the intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.”

During the site review, the auditor participated in a mock intake with a case manager and confirmed that these factors are incorporated into the screening tool. The case manager demonstrated how the PREA Risk Screening Form specifically assigns points for a history of sexual abuse, violent convictions, or documented institutional violence. The tool designates a resident as a “known predator” if they have a history of sexual abuse, and two or more affirmative responses indicate a designation as “potential predator.”

Both case managers interviewed confirmed that they review referral packets provided by the State, which contain criminal history, prior institutional behavior, and other relevant background. In addition, case managers access the State’s judicial client database to verify information regarding violent offenses or prior institutional violence, ensuring that the assessment reflects the most complete and accurate information available.

Indicator (f). The PREA Compliance and Safety Assurance Policy requires that “Within a set time period, not to exceed 30 days from the resident’s arrival at the facility, the facility will reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.”

The auditor confirmed during the site review that the Assistant Program Director is responsible for conducting all 30-day reassessments. This reassessment is intended to provide an updated evaluation of a resident’s risk level after the resident has spent time acclimating to the program environment. While the majority of residents interviewed did not specifically recall being asked the same structured PREA screening questions again at the 30-day point, the Assistant Program Director explained during their interview that the reassessment process differs in format and tone from the formal intake interview. At intake, case managers conduct a structured, question-by-question screening using the PREA Risk Screening Form. At the 30-day point, however, the reassessment process is more conversational and focuses on two key areas: (1) whether the resident’s own perception of safety or risk

has changed since entering the program, and (2) whether the resident has demonstrated any behaviors or interactions that suggest a need to adjust their classification or monitoring.

The Assistant Program Director further explained that most of the background information used for the initial PREA risk screening—such as criminal history, prior institutional conduct, and history of sexual victimization or abusiveness—comes from the State referral packet and the State’s judicial database. Because this background information rarely changes within the first 30 days, the reassessment does not require re-verifying those records. Instead, the focus of the reassessment is on new information obtained from the resident’s adjustment to the program, including staff observations of behavior, any disciplinary reports, or incidents that may have occurred since intake.

The auditor reviewed 12 randomly selected resident files and confirmed that reassessments were present in each case. Each reassessment form was signed and dated by the Assistant Program Director within 30 days of the resident’s arrival. The documentation showed that the reassessments were completed consistently and within the timeframes required by policy and the standard.

Indicator (g). The PREA Compliance and Safety Assurance Policy states: “A resident’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.”

Interviews with two case managers responsible for intake screenings and the Assistant Program Director confirmed that no such reassessments have been required since the program opened. The Assistant Program Director explained that, while no incidents or referrals have yet triggered a reassessment outside of the standard 30-day review, the expectation is clear: if new information became available, such as a resident disclosing prior victimization, an allegation of sexual abuse, or staff receiving documentation of additional criminal history, a new PREA Risk Screening would be conducted immediately to update the resident’s risk level.

This practice aligns with the policy requirement that reassessments are not limited to the scheduled 30-day interval but are also completed whenever new or relevant information arises that could impact a resident’s safety or the safety of others.

Indicator (h). The PREA Compliance and Safety Assurance Policy states: “Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to this section.”

Interviews with two case managers who conduct risk screenings, as well as the Assistant Program Director, confirmed that residents are never disciplined for declining to answer screening questions. Staff reported that while they encourage residents to respond so the program can make informed safety and housing decisions, they respect a resident’s right not to disclose sensitive personal information such as disability status, sexual orientation or gender identity, prior victimization, or perception of vulnerability.

The auditor did not receive any reports from staff or residents suggesting that refusal to answer screening questions has ever resulted in disciplinary action.

Indicator (i). The PREA Compliance and Safety Assurance Policy requires that “The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.”

During interviews, the PREA Coordinator, case managers, and the Assistant Program Director confirmed that electronic copies of all PREA risk screenings are maintained in CDCS, the State of Connecticut’s judicial client management system. Access to this system is strictly limited to the PREA Coordinator, Program Director, Assistant Program Director, and case managers. Other facility staff, including security and support staff, do not have access.

The Assistant Program Director also reported that hard-copy resident files are secured in a locked cabinet in their office. The office itself remains locked when not occupied, adding an additional layer of protection to prevent unauthorized access.

These practices ensure that sensitive screening information—such as disclosures of

sexual orientation, prior victimization, or perceptions of vulnerability—remains confidential and is not subject to exploitation or misuse by either staff or other residents.

Compliance Determination

The agency's PREA Compliance and Safety Assurance Policy establishes procedures for assessing residents for risk of sexual victimization or abusiveness. The policy requires that all residents be screened at intake and upon transfer, ordinarily within 72 hours of arrival, using an objective risk assessment instrument. The policy further requires reassessments within 30 days, reassessments whenever new information is received or incidents occur, and implementation of controls to protect sensitive information. It also specifies that residents may not be disciplined for declining to answer certain sensitive questions.

In practice, the facility is consistently within the 72-hour timeframe outlined in the standard. Interviews with case managers confirmed that risk screenings are conducted on the first day of arrival, generally within three hours, and all 12 resident files reviewed documented screenings within 24 hours. During the site review, the auditor observed a mock intake screening conducted privately and professionally in a case manager's office. The case manager demonstrated familiarity with the screening form, asked the required questions verbatim, explained their purpose, and accurately described terms and concepts relevant to the process. The case manager also explained how information is used to support housing, supervision, and safety decisions.

The facility uses a structured PREA Risk Screening Form that provides an objective scoring system to identify residents at risk for victimization or those at risk of being sexually abusive. The form incorporates all elements required by the standard, including disability, age, physical build, incarceration history, criminal history, prior victimization, perception of vulnerability, and prior acts of violence or sexual abuse. A review of 12 resident files confirmed that the tool was applied consistently, and scoring was uniform across cases. Case managers supplement resident disclosures with information from referral packets and the State of Connecticut's judicial client database, which contains records of criminal history and institutional behavior.

Reassessments are conducted by the Assistant Program Director within 30 days of admission. While residents often did not recall these as formal PREA reassessments, the Assistant Program Director explained that the process is intentionally less structured than the initial intake interview and focuses on new information, such as

	observed behaviors and residents’ perceptions of safety since entering the program. A review of files confirmed documentation of reassessments, all completed within 30 days of intake. Although no reassessments triggered by incidents, referrals, or newly obtained information have occurred to date, staff interviews demonstrated clear understanding of the requirement and confirmed that a new screening would be conducted if necessary. Staff consistently reported, and policy affirms, that residents are not disciplined for declining to answer or for not disclosing information on questions related to disability, sexual orientation or gender identity, prior victimization, or perceptions of vulnerability. Controls on dissemination of screening information are well established. Electronic records are kept in CDCS, the State’s client management system, with access limited to case managers, the Assistant Program Director, the Program Director, and the PREA Coordinator. Paper records are stored securely in a locked cabinet within the Assistant Program Director’s locked office, further ensuring that sensitive information is safeguarded from misuse or exploitation. Based on policy review, file documentation, staff and resident interviews, and observation of the screening process, the facility is found to be in compliance with Standard 115.241. The screening process is consistent, objective, timely, and protective of resident rights and confidentiality, and provides the agency with a reliable system for identifying and responding to risk of victimization and abusiveness.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • PREA Compliance and Safety Assurance Policy • Security and Safety Policy • Language, Literacy, and Disability Access Policy • Site Review Observations • Interview with PREA Coordinator • Interview with Program Director • Interview with Assistant Program Director

Summary of Evidence

Indicator (a). The PREA Compliance and Safety Assurance Policy states, “At intake, the Case Manager will assess whether a resident is at high risk of sexual victimization or abuse based on the initial risk screening. Residents identified as high risk—including those who are transgender, gay, bisexual, or intersex—will be housed in a room closest to the staff office to allow for increased monitoring. These residents will also be supervised during chore assignments and will not be referred to employers or educational programs that involve individuals identified as potential abusers.”

The Security and Safety Policy further provides, “There is a bedroom that contains a private bathroom located close to the staff offices that will be reserved for clients who are screened to be at high risk for sexual assault.”

During the site review, the auditor observed the reserved room near staff offices, as required by policy. The facility’s security system, with cameras covering all common spaces and hallways, minimized blind spots and supported staff monitoring. There are two bathroom areas with multiple private stalls for toilets and showers.

The PREA Coordinator confirmed that risk screening results guide housing, bed, work, education, and program assignments, with individualized determinations balancing safety and normalization of care. The Program Director explained that while the screening tool provides an initial assessment, final management plans are created after one-on-one conversations with residents to assess their sense of safety. The Assistant Program Director confirmed that the screening tool, conversations with residents, case manager input, and staff observations are collectively used to guide how a resident is managed. For example, a highly vulnerable resident might or might not be assigned to the single room, depending on their sense of safety, while residents assessed with risk for abusiveness may either be screened out of the program or monitored more closely if admitted.

Indicator (b). The PREA Compliance and Safety Assurance Policy provides that:, “The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.”

This ensures that each placement decision is individualized, not categorical. Interviews with the PREA Coordinator and Program Director confirmed that placement decisions are made by weighing objective screening results, past history,

and the resident's expressed needs in order to create individualized management plans.

Indicator (c). The PREA Compliance and Safety Assurance Policy requires, "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems."

The PREA Coordinator confirmed that placement decisions for transgender or intersex residents are never automatic but instead evaluated individually. The Program Director reported that the program accepts transgender and intersex residents, although none have entered the program since its opening. The Director explained that programming and services would not change for a transgender or intersex resident compared with other residents, and they would not automatically be placed in the single-bed room. Placement would be determined after a direct conversation with the resident about their safety and comfort. If issues such as harassment or bullying arose, they would be addressed in the same manner as other resident disputes, through mediation or arbitration as appropriate.

Indicator (d). The PREA Compliance and Safety Assurance Policy requires, "A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration."

The Program Director confirmed that these views are carefully considered in placement decisions and ongoing management. The Assistant Program Director explained that, during intake, transgender or intersex residents participate in direct discussions about their comfort with sleeping, showering, and toileting arrangements. To support this discussion, residents are given a tour of typical rooms and bathrooms, which include private toilet and shower stalls. Following this orientation, the resident has the opportunity to identify what arrangements feel most safe and comfortable. These preferences are then incorporated into the management plan, with adjustments made if the resident's comfort level changes during their stay.

Indicator (e). The PREA Compliance and Safety Assurance Policy states, “Transgender and intersex residents shall be given the opportunity to shower separately from other residents.”

The Program Director and Assistant Program Director explained that after a tour of the facility, transgender and intersex residents are given a choice of bathroom arrangements. They may choose to use the same bathroom facilities as other residents, which are commercial-style bathrooms with private shower and toilet stalls, or they may choose to use the private bathroom and shower connected to the single bedroom near the staff offices. This private bathroom is accessible only through the single bedroom.

During the site review, the auditor confirmed the placement of the shower and bathroom next to the single bedroom and verified that it was accessible only through that room, providing an option for increased privacy.

No transgender or intersex residents were available for interview, so staff explanations and site observations were the primary evidence for this indicator.

Indicator (f). The PREA Compliance and Safety Assurance Policy prohibits categorical housing assignments, “The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.”

The PREA Coordinator and Program Director confirmed that the facility is not subject to a consent decree, legal settlement, or legal judgment requiring such placements. They also confirmed that LGBTQI residents are not segregated or categorically assigned to special housing. All placements are individualized, based on screening results, resident input, and safety considerations.

Compliance Determination

The facility meets this standard. The Recovery Network of Programs’ policies, including the PREA Compliance and Safety Assurance Policy and Security and Safety

	Policy, establish clear requirements for using screening results to guide housing, bed, work, education, and program assignments. These policies mandate individualized determinations, require serious consideration of transgender and intersex residents' own views of safety, provide opportunities for private showering, and prohibit categorical housing assignments. Interviews with the PREA Coordinator, Program Director, and Assistant Program Director demonstrated consistent application of these requirements. Staff described practices in which screening results, resident conversations, and observations are integrated into individualized management plans. For transgender and intersex residents, staff explained that placement and program decisions would be made on a case-by-case basis, with residents given opportunities to tour facilities, discuss their comfort with sleeping and bathroom arrangements, and have their preferences incorporated into management decisions. Site review observations confirmed that the facility's physical plant, including the high-risk room near staff offices, private bathrooms with shower stalls, and the private bathroom connected to the single bedroom, supports the implementation of these practices. Overall, the agency balances normalization of care with enhanced protections. Staff avoid isolating residents unless necessary, ensuring vulnerable residents are not "othered" or excluded from participation in programs and services. At the same time, additional precautions, such as private housing and showering options, are available when needed. This approach demonstrates that the facility not only complies with the technical requirements of the standard but also aligns with its spirit by creating a safe, inclusive environment where residents' voices and individual needs guide management decisions.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> PREA Compliance and Safety Assurance Policy

PREA Investigations Policy
Privacy Protocols Policy
Security and Safety Policy
Posters and Resident Handbook
Site Review Observations
Interview with PREA Coordinator
Interview with Program Director
Interview with Assistant Program Director
Interviews with Staff
Interviews with Residents

Summary of Evidence

Indicator (a). The Connecticut Facility provides residents with multiple internal avenues to privately report allegations of sexual abuse, sexual harassment, retaliation, or staff neglect or violations of responsibilities that may have contributed to such incidents. Options include submitting a grievance slip, writing or calling the DMHAS Client Rights and Grievance Specialist, reporting directly to the PREA Coordinator, or providing a verbal or written report to any staff member.

Interviews with residents indicated that most knew they could bring concerns directly to the Assistant Program Director, Program Director, or their case manager, and residents consistently expressed confidence that staff would take their reports seriously. All residents interviewed were aware of the PREA posters displayed in the program and understood that the posters contained their rights and reporting information. Only one resident specifically recalled the external reporting line to DMHAS, although all residents interviewed stated they had their own cell phones and no concerns about their ability to privately make a phone call if needed.

During the site review, the auditor observed a cordless handset available for residents at the attendants' desk. The auditor tested this phone by walking approximately 50 feet away from the desk and calling an external reporting line, which successfully connected without the need for a PIN or any other identifier. Additionally, residents reported that they had regular access to the community through day passes and could physically mail a letter themselves if they chose to, further supporting private and independent reporting options.

Interviews with staff indicated that most identified program leadership—the Program Director, Assistant Program Director, or case managers—as the primary channels for residents to make reports of sexual abuse and harassment, though all

staff acknowledged they would accept a report if given one. All staff interviewed were aware that reporting instructions were available on the posters and in the resident handbook. However, most staff were unaware of external reporting options beyond notifying staff, with only two staff members able to specifically identify DMHAS as the external reporting agency.

The auditor also confirmed that pens and paper were readily available at the attendants' desk, enabling residents to make written reports at any time. Resident files and grievance materials were stored in locked file cabinets in the Assistant Program Director's office, supporting confidentiality in reporting.

Indicator (b). The PREA Compliance and Safety Assurance Policy requires that residents be informed of avenues to report sexual abuse or harassment to an outside agency. The facility provides the phone number and mailing address for the DMHAS Client Rights and Grievance Specialist in both the PREA posters and the resident handbook. During the onsite portion of the audit, the auditor observed PREA posters in both English and Spanish posted in the common rooms, the exercise room, the hallway, and the chow hall. Each poster contained consistent information, including DMHAS contact information. Handbooks were not observed onsite during the audit; however, the Program Director submitted a memo confirming that handbooks had been distributed to all current residents and that additional copies would be maintained at the attendants' desk.

The PREA Coordinator confirmed in interview that DMHAS is the designated external reporting agency and that it will collect and share reports from residents with facility officials. Interviews with residents indicated general awareness that the PREA posters provided information about an external reporting entity, though residents could not consistently identify DMHAS by name. Importantly, there are no barriers to reporting to DMHAS: each resident has an unmonitored personal cell phone, and all residents have regular access to the community, including the post office, which enables them to place calls or mail letters independently.

Indicator (c). The PREA Compliance and Safety Assurance Policy requires staff to accept reports made verbally, in writing, anonymously, and from third parties. Interviews with staff confirmed that all staff would accept any report of sexual abuse or harassment, regardless of its form, and would immediately report it to the Program Director and Assistant Program Director. All program staff reported that they have the cell phone numbers for both the Program Director and Assistant

	Program Director, and no information from residents would ever be turned away. Interviews with the Program Director and Assistant Program Director confirmed that staff are permitted to call, email, or text them at any time, day or night, to share information. Residents also confirmed that staff receive any verbal report they wish to give and expressed no concerns about privately reporting to the Program Director, Assistant Program Director, a case manager, or an attendant. <i>Indicator (d).</i> The agency provides a private reporting method for staff to report allegations of sexual abuse or sexual harassment of residents. Interviews with staff confirmed that all program staff have the email addresses and phone numbers of both the Program Director and Assistant Program Director and can call or text them directly. All staff interviewed reported feeling comfortable making reports directly to these leaders at any time, 24/7. Interviews with the Program Director and Assistant Program Director confirmed that staff are encouraged to call them at any time of day or night with any information, ensuring no barriers to staff reporting. <u>Compliance Determination</u> The facility substantially meets this standard. The Men’s Transitional House provides multiple internal and external methods for residents to report sexual abuse, sexual harassment, retaliation, or staff neglect. External reporting avenues include the ability to call or write directly to the DMHAS Client Rights and Grievance Specialist, whose phone number and mailing address are listed in PREA posters throughout the facility and in the resident handbook. All residents possess unmonitored personal cell phones, and the auditor confirmed the availability of a cordless handset at the attendants’ desk that connects directly to external lines without a PIN or identifier. Residents also have regular access to the community, including the post office, which enables them to mail letters directly to DMHAS or other external parties. Observed signage, the availability of reporting tools, and secure handling of reports support confidentiality. Staff and resident interviews confirmed that residents understood how to raise concerns, and staff demonstrated knowledge of internal reporting procedures, though awareness of the external reporting entity was more limited. The auditor confirmed after the onsite audit that access to reporting instructions in the resident handbooks was expanded by providing additional accessible copies to residents.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence of Compliance Finding Reviewed

PREA Compliance and Safety Assurance Policy

PREA Investigations Policy

Privacy Protocols Policy

Agency Grievance Procedures

Resident Handbook (distributed post-onsite in English and Spanish)

PREA Posters (English and Spanish)

Written memo from Program Director (post-onsite corrective action)

Site Review Observations

Interviews with PREA Coordinator, Program Director, Assistant Program Director

Interviews with Staff and Residents

Summary of Evidence

Indicator (a). The facility is not exempt from this standard, as it has a formal grievance process. The PREA Investigation policy provides that “residents may file a grievance related to sexual abuse at any time—there is no time limit. The agency does not require residents to use informal resolution processes or attempt to resolve the issue directly with staff”. Interviews with the PREA Coordinator and Program Director confirmed that grievances are collected in a wooden box labeled “suggestion box,” with the PREA Coordinator serving as the Grievance Review Officer. The process is described in the Resident Handbook.

However, during the on-site review, the auditor was unable to obtain a grievance form from staff, and staff interviewed were unaware of grievance procedures or a collection system. None of the 13 residents interviewed were aware of a formal grievance system. Handbooks, where the grievance process is outlined, were not distributed or otherwise accessible at that time. During the 45-day post-onsite phase, the facility distributed the Resident Handbook, including grievance procedures, in both English and Spanish to all residents, as confirmed in a written memo from the Program Director.

Indicator (b). Policy states that “residents may file a grievance related to sexual abuse at any time—there is no time limit” and “the agency does not require residents to use informal resolution processes”. Interviews with the PREA Coordinator confirmed this policy is in effect.

Indicator (c). The PREA Investigations Policy specifies that “grievances can be submitted without involving or notifying the staff member named in the complaint”. The PREA Coordinator confirmed in interview that grievances are never directed to the subject of the allegation. The grievance collection box is opened by the PREA Coordinator, who also serves as the Grievance Review Officer, ensuring impartial review. No staff or residents interviewed reported awareness of filing grievances against staff, but the policy framework meets PREA requirements.

Indicator (d). Policy provides: “The agency will issue a decision within 90 days of the initial grievance filing. Extensions of up to 70 days are allowed when necessary, with written notice to the resident including the reason and expected response date. If no response is received within the designated timeframe, the resident may consider the grievance denied at that level”. Interviews with the PREA Coordinator confirmed that this process is followed. During the audit, the agency indicated there have been no grievances filed alleging sexual abuse, sexual harassment, or retaliation for reporting abuse or harassment. No residents interviewed reported ever filing a grievance or complaint of sexual abuse, sexual harassment, or retaliation.

Indicator (e). Policy allows third parties to assist residents: “Third parties may assist residents in filing grievances or may file on their behalf... If the resident declines to move forward, that decision will be documented”. PREA posters observed throughout the facility explicitly instruct residents that third-party grievances are permitted. The PREA Coordinator confirmed that third-party grievances are accepted unless the resident declines. To date, there have been no instances of a resident declining to proceed with a third-party grievance.

Indicator (f). The PREA Investigations Policy establishes emergency grievance procedures: “The agency shall have procedures for filing emergency grievances when a resident faces a substantial risk of imminent sexual abuse... An initial response will be provided within 48 hours, and a final decision will be issued within 5 calendar days”. The PREA Coordinator confirmed these procedures are in effect. While no residents reported having filed an emergency grievance, the Resident Handbook provides instructions for filing an emergency grievance.

	<i>Indicator (g).</i> The PREA Investigations Policy provides that “residents may only be disciplined for filing a sexual abuse grievance if it is proven the grievance was submitted in bad faith”. Interviews with the Program Director confirm this disciplinary practice is in effect. Residents interviewed expressed no concerns about retaliation for reporting, although none had attempted to use the grievance system. <u>Compliance Determination</u> The facility has established written policies and procedures consistent with PREA Standard 115.252. However, at the time of the on-site review, grievance procedures were not accessible in practice: staff were unfamiliar with the process, residents were unaware of their rights, and handbooks were not distributed. The grievance process was therefore not effectively communicated or implemented. During the 45-day post-onsite phase, corrective actions were taken: the Resident Handbook, which contains grievance procedures, was distributed in both English and Spanish to all residents, ensuring accessibility going forward. Policies and interviews confirm compliance elements, including no time limits, no informal resolution requirements, impartial routing, emergency grievance procedures, allowance for third-party assistance, and protection against retaliation. With corrective actions verified, the auditor determines the facility is in compliance with Standard 115.252.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> Response to Allegations of Sexual Abuse or Assault Policy PREA Compliance and Safety Assurance Policy Memorandum of Understanding with the Center for Family Justice (executed July 30, 2025) PREA Posters and Resident Handbook Site Review Observations Interview with PREA Coordinator Interview with Security Coordinator Interview with Program Director Interviews with Random Staff Interviews with Random Residents

Summary of Evidence

Indicator (a). The Response to Allegations of Sexual Abuse or Assault policy explicitly states: "The program shall provide residents with access to outside victim advocates for confidential emotional support services related to sexual abuse. Residents will have mailing address, telephone numbers, and hotline numbers available of local, State, or national advocacy organizations. The programs will refer directly to Center for Family Justice in Bridgeport, CT."

The Recovery Network of Programs has a contract directly with the Center for Family Justice, a rape crisis agency based in Bridgeport, Connecticut. The facility also entered into a Memorandum of Understanding (MOU) with the Center on July 30, 2025, outlining its role in providing confidential emotional support, crisis intervention and referrals, advocacy and accompaniment during forensic exams or investigations, and 24/7 hotline access with follow-up support.

PREA posters displayed throughout the facility list both the hotline number and mailing address of the Center for Family Justice. Educational brochures from the Center were observed in the lobby and at the attendants' desk for residents to take freely.

More than half of the residents interviewed were aware of the Center for Family Justice and their services through this literature. Residents reported they knew they were permitted to contact the Center at any time. All residents interviewed confirmed they have personal cell phones, by which they may call the Center for Family Justice at any time, privately and without monitoring.

Indicator (b). During the site review, the auditor tested the phone number listed on the posters and in the resident handbook. The number connected directly to the Center for Family Justice's 24/7 sexual abuse hotline, which was confirmed by comparing it with the Center's official website.

Residents are practically able to access these services without barriers. All residents interviewed reported having their own personal cell phones, which they use in their rooms or outside the facility without monitoring. The Security Coordinator confirmed:

	The cordless handheld phone available to residents dials outside numbers without requiring identification. The cordless phone is not monitored. The facility does not have the capability to monitor cell phone calls. Residents also confirmed they could send letters if they wished, at no cost to themselves, though most reported they do not typically use mail. <i>Indicator (c).</i> Approximately half of the residents interviewed stated they knew of the Center for Family Justice through literature available in the facility, and one resident even had a brochure on hand during their interview. All residents stated they felt comfortable using their personal phones to call outside support services confidentially. The PREA Coordinator, Program Director, and Security Coordinator all confirmed that no resident phone calls are intercepted or recorded. <u>Compliance Determination</u> The Connecticut Facility meets this standard. The facility's Response to Allegations of Sexual Abuse or Assault policy guarantees access to outside confidential support services, specifically naming the Center for Family Justice. The executed MOU ensures that residents have access to crisis intervention, advocacy, and 24/7 confidential hotline services. PREA posters, handbooks, and brochures make knowledge about these services continuously available, and site review confirmed practical, confidential access to phones and mail. Staff and resident interviews confirmed that residents have unimpeded opportunities to access outside victim advocacy services.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u>

	PREA Investigations Policy Facility Website Posters and Resident Handbook Site Review Observations Interviews with PREA Coordinator Interviews with Residents <u>Summary of Evidence</u> <i>Indicator (a).</i> The PREA standard requires that the agency provide a method for third parties to report sexual abuse and sexual harassment on behalf of residents. The facility's PREA Investigations Policy explicitly states: "Reports of sexual abuse and harassment may be made verbally, in writing, anonymously, and from third-parties. Staff must immediately document verbal reports." The policy further emphasizes that "Anonymous and third-party reports must be handled with the same seriousness as direct reports." The facility also makes information on third-party reporting available to the public through its website. The Recovery Network of Programs publishes a dedicated PREA page at https://recovery-programs.org/program/prison-rape-elimination-act-prea/. The site explains the agency's zero tolerance policy and provides methods for contacting leadership to file reports, including by phone and mailing address for the PREA Coordinator. <u>Compliance Determination</u> The facility meets this standard. Facility policies clearly support third-party reporting. The PREA Investigations Policy establishes that "Reports of sexual abuse and harassment may be made verbally, in writing, anonymously, and from third-parties" and that "Anonymous and third-party reports must be handled with the same seriousness as direct reports." The agency's public-facing PREA website makes this information available to family members, advocates, and the community at large. The interview with the PREA Coordinator confirmed their responsibility to accept and report information from third parties, and all residents expressed confidence that their families or others could report concerns on their behalf.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence of Compliance Reviewed

Response to Allegations of Sexual Abuse or Assault policy

PREA Investigations policy

PREA Compliance and Safety Assurance policy

Security and Safety policy

Interview with Program Director

Interview with Assistant Program Director

Interview with PREA Coordinator

Interview with Security Coordinator

Interviews with random staff

Auditor review of one allegation reported during the audit period

Observations during the site review regarding secure records storage and staff practice

Summary of Evidence

Indicator (a). The facility's policies require immediate staff reporting of sexual abuse, harassment, retaliation, or staff negligence that may have contributed to such incidents. The Response to Allegations of Sexual Abuse or Assault policy states: "Connecticut Facility shall require all staff to report immediately and according to agency policy any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against clients/residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." The PREA Investigations policy further states: "All program staff must immediately report any knowledge, suspicion, or information regarding sexual abuse or harassment. This includes reports made verbally, in writing, anonymously, and from third-parties. Staff must immediately document verbal reports and forward them to the Program Director or designee, who will notify the agency's PREA Coordinator."

All random staff consistently confirmed awareness of this duty and explained they would report immediately by calling or texting the Program Director or Assistant Program Director, day or night.

Indicator (b). Confidentiality requirements are also clearly stated in policy. The Response to Allegations of Sexual Abuse or Assault policy provides: “Information related to a report of sexual abuse must only be shared on a need-to-know basis, and solely for purposes of treatment, investigation, security, or other essential management decisions.”

All staff interviewed confirmed this understanding, stating that reports would be made discreetly and never shared with residents. All staff reported they would communicate directly with the Program Director or Assistant Program Director through email, a phone call, or text.

Interviews with the PREA Coordinator and Assistant Program Director confirmed that paper reports are stored in locked filing cabinets, while the Security Coordinator confirmed that electronic files are stored either in the state client management system or Microsoft Cloud, both with role-based permissions.

Indicator (c). The PREA Investigations policy includes a provision for medical and mental health staff, stating: “Medical and mental health practitioners shall be required to report sexual abuse to appropriate authorities and shall inform residents of the practitioner’s duty to report and the limitations of confidentiality at the initiation of services.” This indicator is not applicable in practice at this facility, as medical and mental health services are provided only in the community. No employees or contractors provide services in the facility.

Indicator (d). The Program Director explained that the facility does not house anyone under the age of 18. However, in cases involving minors, the facility would comply with Connecticut’s mandated reporting laws. The Program Director confirmed that any knowledge of abuse involving a minor would be reported directly to the Bridgeport Police Department.

Indicator (e). Policy further ensures that all allegations, including those from third

parties or made anonymously, are referred for investigation. The PREA Investigations policy directs: "Reports of sexual abuse and harassment may be made verbally, in writing, anonymously, and from third-parties. All such reports must be forwarded without delay to the Program Director or designee, who will notify the agency's PREA Coordinator. Allegations that may involve criminal behavior will be referred to the Bridgeport Police Department."

All staff interviews confirmed that any form of report would be accepted and immediately relayed to program leadership.

The Program Director and Assistant Program Director confirmed that they would immediately forward any information about sexual abuse, sexual harassment, or retaliation for reporting, directly to the PREA Coordinator/investigator immediately for investigation.

The auditor's review of one allegation that occurred during the audit period confirmed that a resident's direct report to the Program Director was immediately forwarded to the PREA Coordinator by email, consistent with policy. The Program Director also stated to the auditor that a phone call was also immediately made to the investigator to alert them to the information.

Compliance Determination

The facility is in compliance with Standard 115.261. Policies clearly establish that all staff must immediately report knowledge, suspicion, or information regarding sexual abuse, harassment, retaliation, or staff negligence that may have contributed to an incident, and that reports in any form, including anonymous and third-party, must be forwarded to the Program Director or Assistant Program Director. Staff interviews confirmed a thorough understanding of these requirements, describing clear reporting channels and emphasizing confidentiality. Secure practices for both paper and electronic records further protect sensitive information. While no medical or mental health practitioners are employed at the facility, policy provisions remain in place, and leadership confirmed knowledge of mandated reporting requirements for minors. Finally, the auditor's review of a recent allegation demonstrated that the Program Director reported immediately to the PREA Coordinator in accordance with policy. Collectively, the policies, staff practices, and record review confirm that the facility fully complies with Standard 115.261.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>Evidence of Compliance Reviewed</u> • PREA Compliance and Safety Assurance Policy • Security and Safety Policy • PREA Investigations Policy • Response to Allegations of Sexual Abuse or Assault Policy • Site review observations of the single-bedroom placement near staff offices • Interview with Agency Head • Interview with Program Director • Interviews with random staff <u>Summary of Evidence</u> Indicator (a). The PREA Investigations Policy establishes that “when the program learns that a resident is subject to substantial risk of imminent sexual abuse, it will take immediate action to protect the resident”. The Response to Allegations of Sexual Abuse or Assault Policy similarly confirms that staff “shall require all staff to report immediately...any knowledge, suspicion or information regarding an incident of sexual abuse...[and] pursuant to standard 115.262 [shall] protect the victim”. The PREA Compliance and Safety Assurance Policy further directs that high-risk residents will be housed in areas closest to staff offices to allow for increased monitoring. The Security and Safety Policy specifies that “there is a bedroom that contains a private bathroom located close to the staff offices that will be reserved for clients who are screened to be at high risk for sexual assault”. During the site review, the auditor confirmed this single room’s location and accessibility. The Agency Head emphasized that this space provides a protective housing option for residents at high risk of imminent abuse or to separate them from residents known to be high-risk abusers. The Program Director explained that the single room is used for imminent risk cases, and that the facility has authority to involuntarily discharge residents who pose a significant risk to others. They added that decisions include case-by-case discussions with the resident at risk and safety planning to ensure protective measures are individualized.

	All random staff interviewed consistently stated they would immediately call, text, or email the Program Director or Assistant Program Director if they believed a resident was in imminent danger. Staff emphasized their understanding that protective action must be immediate and that program leadership is accessible 24/7 to respond. <u>Compliance Determination</u> The Connecticut Facility is substantially compliant with this standard. Policies clearly require immediate action when a resident is determined to be at substantial risk of imminent sexual abuse. The facility has structural safeguards, including a dedicated single bedroom with private bathroom near staff offices for high-risk residents, and procedural safeguards, including safety planning and the authority to remove abusive residents. Leadership interviews confirmed that risk assessments guide protective decisions, while staff interviews demonstrated a consistent readiness to act without delay and to immediately inform their supervisors.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Reviewed</u> • PREA Compliance and Safety Assurance Policy • Response to Allegations of Sexual Abuse or Assault Policy • PREA Investigations Policy • Interview with the Program Director • Interview with the PREA Coordinator • Interview with the Agency Director <u>Summary of Evidence</u> <i>Indicator (a).</i> The Response to Allegations of Sexual Abuse or Assault policy requires that “Connecticut Facility shall require all staff to report immediately and according to agency policy any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is

part of the agency". The Program Director and PREA Coordinator confirmed that the Program Director would directly notify the head of the other facility where the alleged abuse occurred. Although no such allegations have yet been received, staff interviews verified that this procedure would be followed.

Indicator (b). The Program Director stated that such notification would occur immediately, and no later than 72 hours. The policy emphasizes the same expectation by requiring that staff "report immediately and according to agency policy". This language confirms timeliness requirements consistent with PREA.

Indicator (c). The PREA Coordinator confirmed that all notifications to other facilities would be documented in the investigation record. The policy PREA Compliance and Safety Assurance requires the agency to "develop, implement, and oversee agency efforts to comply with the PREA standards in all its programs and facilities". This includes documenting all PREA-related actions. While there have been no cases to date requiring cross-facility notification, the PREA Coordinator and Program Director confirmed that documentation would be completed and retained in the PREA case file.

Indicator (d). The Agency Director confirmed that if the facility received a notification from another agency, the information would be immediately forwarded to the Program Director and PREA Coordinator, who would then refer it to the investigator. The Response to Allegations of Sexual Abuse or Assault policy specifies that "staff must immediately notify the Program Director and the agency PREA Coordinator. Information related to a report of sexual abuse must only be shared on a need-to-know basis, and solely for purposes of treatment, investigation, security, or other essential management decisions".

In addition, the PREA Investigations policy requires that "all allegations of sexual abuse or sexual harassment will be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports." This policy ensures that any allegation received from another confinement facility will be investigated in accordance with PREA standards.

	<u>Summary of Compliance</u> the facility substantially meets the requirement of the standard. The agency has established clear procedures and supporting policy language that ensure compliance with §115.263. Policy requires immediate reporting of allegations of abuse that occurred in another facility, with a maximum 72-hour timeframe for notification. Policies also require documentation of notifications and ensure that all such allegations are referred to an investigator. The PREA Investigations policy further guarantees that all allegations will be promptly and thoroughly investigated. Interviews with the Program Director, PREA Coordinator, and Agency Director confirmed a consistent understanding of these requirements. While the facility has not yet had to make or receive such notifications, the policies and interview evidence demonstrate readiness.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Reviewed</u> • PREA Compliance and Safety Assurance Policy • Security and Safety Policy • Response to Allegations of Sexual Abuse or Assault Policy • PREA Investigations Policy • Allegation Packet Review • Interview with Security Coordinator • Interview with Program Director • Interview with Assistant Program Director • Interviews with 12 first responder staff <u>Summary of Evidence</u> <i>Indicator (a).</i> The Response to Allegations of Sexual Abuse or Assault Policy states: “Staff will be required to separate the alleged victim and abuser. The victim will be kept in the staff office where he will be under staff supervision and not left alone. The abuser must remain in his room, also under staff supervision. Staff will preserve and protect the crime scene until appropriate steps can be taken to collect any evidence...If the abuse took place within a time period that allows for the collection of physical evidence, staff will ensure that the alleged victim and alleged abuser do not take any actions that could destroy physical evidence. This would include...washing or bathing, brushing teeth, changing clothes, urinating and

	defecating, smoking, eating or drinking”. During interviews, 12 of 12 first responder staff accurately recalled all steps from memory: separating the victim and the abuser, securing the crime scene, and instructing both the victim and the alleged abuser to avoid activities that might destroy evidence. A review of the single allegation investigation packet confirmed implementation of these procedures in practice, as documented in an investigation packet where a staff member alleged to have abused a resident was immediately placed on administrative leave and video evidence was preserved by the Security Coordinator. <i>Indicator (b).</i> The same policy requires that “staff must immediately notify the Program Director and the agency PREA Coordinator. Information related to a report of sexual abuse must only be shared on a need-to-know basis”. This applies when the first responder is not a security staff member. All staff working in the facility, including attendants, case managers, the Program Director, and the Assistant Program Director, receive first responder training. Only the Security Coordinator, who does not regularly work inside the building, has not received first responder training. In the interview, they confirmed they would immediately notify facility staff if they learned of an allegation, consistent with this standard. <u>Compliance Determination</u> The facility is in substantial compliance with the standard. Policies explicitly align with the standard by requiring the separation of parties, the preservation of evidence, and restrictions on the victim's and abuser's actions that could compromise evidence. Staff interviews demonstrated consistent knowledge and application of these requirements. Documentation from prior incidents confirms that these procedures have been enacted in practice. The one staff member not trained as a first responder does not work regularly inside the program and affirmed they would immediately notify trained staff.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u>

- Interview with Program Director
- Facility Institutional Response Plan

Summary of Evidence

Indicator (a). The facility initially did not have a facility-specific, role-based response plan. During auditor discussions, the PREA Coordinator acknowledged the standard's requirement for a written institutional plan that goes beyond policy and prescribes coordinated actions among first responders, medical and mental health practitioners, investigators, and facility leadership. In the audit review phase, the facility produced a detailed, facility-specific Coordinated Response Plan assigning responsibilities to first responders (immediate separation of parties, preservation of evidence, secured scene, and prompt leadership notifications), case managers (resident support, documentation, and coordination for services), the Assistant Program Director and Program Director (command/oversight, notifications to the PREA Coordinator, and external partners), and the investigator (evidence collection and investigative steps). These prescribed actions align with existing policy requirements in the Response to Allegations policy, such as immediate separation of involved parties, securing the scene, preserving evidence, and notifying the Program Director and PREA Coordinator; arranging emergency medical care and SANE/SAFE forensic exams at Bridgeport Hospital; and facilitating access to a victim advocate (Center for Family Justice) (staff directions and referral pathways).

The Coordinated Response Plan also cross-references the PREA Investigations policy for the referral of potentially criminal allegations to local law enforcement, documentation of referrals, notification of residents regarding case outcomes, and post-investigation incident reviews, ensuring that the investigative elements are synchronized with operational activities.

The interview with the PREA Coordinator confirmed their understanding of the discrete roles under the new plan and their reliance on existing communication channels (e.g., leadership call tree and PREA Coordinator notification). Observations of monitoring technology, access control, and camera coverage, as described in the Security and Safety policy, demonstrate an infrastructure that supports scene control, evidence preservation, and leadership oversight during coordinated responses. The PREA Compliance and Safety Assurance policy situates these procedures within the agency's broader prevention-detection-response framework and references related policies that implement coordinated response steps.

	<u>Summary of Evidence</u> The facility is in substantial compliance with all requirements of the standard. The facility has documented a facility-specific Coordinated Response Plan that (1) clearly assigns role-based responsibilities to first responders, case managers, the Assistant Program Director, the Program Director, and the investigator; (2) integrates medical/forensic and advocacy referrals; and (3) synchronizes with existing policies governing first response, external law-enforcement referrals, notifications, and incident reviews. Although the plan did not exist at the outset of the audit, it was developed and implemented during the review phase and is supported by staff interviews and by policy infrastructure that operationalizes the coordinated steps (e.g., first-responder actions, leadership notifications, medical/advocacy referrals, and referrals to law enforcement). Given the presence of a written, facility-specific plan and corroborating evidence that roles and referral pathways are defined and aligned with the PREA standards, the facility substantially meets § 115.265.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Reviewed</u> • Response to Allegations of Sexual Abuse or Assault Policy • Interview with Agency Head • One allegation packet reviewed, including staff removal actions <u>Summary of Evidence</u> <i>Indicator (a).</i> The Agency Head confirmed in their interview that the agency does not participate in any collective bargaining agreements or other agreements that would limit the agency's ability to act under this standard. Policies, including the PREA Compliance and Safety Assurance and PREA Investigations policies, establish procedures requiring immediate protective measures when an allegation of sexual abuse is made against a staff member. The Response to Allegations of Sexual Abuse or Assault policy directs staff to notify the Program Director and PREA Coordinator immediately. It allows for the removal of alleged staff perpetrators from contact with residents.

	The one allegation packet reviewed provided documentation that an alleged staff perpetrator was placed on administrative leave pending the outcome of the investigation, demonstrating that the facility has and exercises authority to remove staff from contact with residents when necessary. During the document review, no evidence was found of any agreement that would prevent the agency from taking such protective action. <u>Compliance Determination</u> The facility is in substantial compliance with the standard. The agency does not participate in collective bargaining agreements or other agreements that could limit its ability to protect residents from staff sexual abusers. Policies clearly require the removal of alleged staff perpetrators from contact with residents, and the reviewed allegation packet provided evidence that an alleged staff perpetrator was placed on administrative leave pending investigation. These practices demonstrate compliance with the intent and requirements of the standard.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence of Compliance Reviewed • Response to Allegations of Sexual Abuse or Assault Policy • Interview with Agency Head • Interview with Program Director • Interview with Assistant Program Director • Interview with PREA Coordinator • Review of retaliation monitoring form <u>Summary of Evidence</u> <i>Indicator (a).</i> The Recovery Network of Program’s Response to Allegations of Sexual Abuse or Assault policy explicitly states: “The agency will protect all residents and

staff who report sexual abuse or sexual harassment or cooperate with any investigation from retaliation by other residents or staff. The PREA Coordinator and Program Director will monitor retaliation.”. Interviews with the Agency Head, Program Director, and PREA Coordinator confirmed the designation of these staff for monitoring retaliation.

Indicator (b). The same policy outlines protection measures: “The following methods will be utilized to assist in preventing retaliation: Transfer of victim and/or abuser to another facility; Transfer staff to another agency residential program; Removal of alleged staff or resident from contact with the victim; Provide emotional support services for residents and/or staff that fear retaliation”. The Program Director confirmed that they and the Assistant Program Director have open-door policies and continuously monitor the “temperature” of the program. Staff and case managers actively follow up with residents expressing concerns. The Agency Director further explained in their interview that everyone in the program, staff and residents, has an active role in preventing retaliation, and that the agency ensures concerns are identified quickly so corrective action can be taken without delay.

Indicator (c). The policy requires at least 90 days of monitoring, stating: “The PREA Coordinator and Program Director will monitor the conduct and treatment of the residents and/or staff who reported the incident for a period of 90 days, unless it is determined that monitoring beyond this timeframe is required”. The PREA Coordinator and Program Director explained to the auditor that their practice is consistent with the policy and that only one case of retaliation monitoring has taken place so far. A review of one retaliation monitoring form confirmed three weeks of active monitoring with no issues or retaliation reported before the resident left the program.

Indicator (d). The PREA Coordinator further explained to the auditor that weekly status checks are conducted with reporting residents, focusing on housing, disciplinary issues, and program adjustments. A review of one retaliation monitoring form confirmed weekly in-person check ins with the resident, where the resident stated there were no current issues.

	<i>Indicator (e).</i> The Program Director and PREA Coordinator confirmed that retaliation monitoring applies equally to residents and staff, and that any individual cooperating in an investigation who expresses fear of retaliation would receive protective measures. Compliance Determination The facility is in substantial compliance with the standard. Written policies clearly prohibit retaliation and establish monitoring responsibilities for the PREA Coordinator and Program Director. Policies include multiple protection measures such as housing changes, removal from contact, staff transfers, and access to emotional support services. Monitoring for retaliation is conducted for at least 90 days, with weekly status checks and review of program indicators. Documentation reviewed confirmed that retaliation monitoring is carried out as required, and interviews with leadership and staff demonstrated consistent understanding of responsibilities.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>Evidence of Compliance Reviewed</u> • PREA Investigations Policy • Site review observations of surveillance cameras, access control, staff monitoring, and posted PREA educational materials • Interview with Agency Director • Interview with PREA Coordinator/Administrative Investigator • Interview with Program Director • Review of one completed investigative report and case packet <u>Summary of Evidence</u> <i>Indicator (a).</i> The PREA Investigations policy requires that all allegations of sexual abuse and sexual harassment be “investigated promptly, thoroughly, and objectively”. The PREA Coordinator, who also serves as the facility investigator, confirmed that this applies to direct, third-party, and anonymous reports. Staff and resident interviews corroborated that all reports, regardless of source, are acted on

immediately. The single investigation report reviewed during the audit provides concrete evidence of this practice. The case file documented that the allegation was referred immediately to the investigator and that investigative action was initiated within 24 hours. The report included a thorough review of resident and staff testimony, video evidence from the facility's surveillance system, and historical information from case records and personnel files. The structure and tone of the report reflected an objective evaluation of all available facts. Together, policy, interview responses, and documentation demonstrate that investigations are initiated promptly and conducted thoroughly and impartially.

Indicator (b). The PREA Coordinator is the designated administrative investigator for the facility. They provided documentation of completing the National Institute of Corrections PREA Specialized Investigator Training, meeting the requirement that investigators receive specialized training pursuant. In interview, the investigator demonstrated knowledge of key training content, including trauma-informed interviewing techniques, the criteria and evidence needed to substantiate a case administratively, and the proper use of Garrity and Miranda warnings when necessary. The investigator explained how they apply the preponderance of the evidence standard and how administrative reports are written to be usable by multiple audiences, including prosecutors, facility leadership, and external auditors.

Indicator (c). The PREA Investigations policy requires investigators to collect and preserve "all relevant evidence, including physical, DNA, circumstantial, and electronic monitoring data". It also requires interviews with alleged victims, perpetrators, and witnesses, and review of prior complaints involving the suspected perpetrator. The reviewed case file demonstrated compliance with each of these requirements. The file included a detailed review of available video evidence from the facility's surveillance system, which has numerous cameras covering all common areas. Testimony was gathered from the alleged victim, the staff person accused, and staff witnesses. Historical information was reviewed, including the victim's resident file and the accused staff member's personnel file. The investigator also reviewed prior incident records to identify whether similar allegations had ever been made involving the staff member. The final report contained a balanced presentation of the physical and testimonial evidence and a clear rationale for the determination.

Indicator (d). The PREA Investigations policy directs that "if evidence suggests

criminal prosecution is warranted, investigators will consult with prosecutors before proceeding". Both the PREA Coordinator and the Agency Director confirmed that any potentially criminal case would be referred immediately to the Bridgeport Police Department. Compelled interviews would never be conducted by the agency. The Program Director confirmed that the agency has no authority to conduct criminal investigations on its own, and instead fully defers such matters to law enforcement.

Indicator (e). The PREA Investigations policy states that "credibility assessments will be made on a case-by-case basis, without regard to a person's status as staff or resident. Residents will not be required to undergo polygraph examinations". The investigator described their process for credibility assessment, which includes considering consistency across statements, corroborating evidence, resident and staff histories, and knowledge of how trauma can affect recall. The investigation file reviewed by the auditor supported this requirement: the report carefully documented differences in testimony, weighed those against objective evidence such as video surveillance, and explained the reasoning behind credibility determinations. The documentation showed that status as a resident or staff member was not treated as a factor in determining credibility, and no use of polygraph or truth-telling devices was required.

Indicator (f). The PREA Investigations policy requires that administrative investigations "assess whether staff actions or inactions contributed to the incident" and that reports document all evidence, credibility determinations, and findings. The reviewed investigation report met this requirement, as it explicitly considered whether staff conduct aligned with agency policy and found no failures in response. During the site review, the auditor examined the electronic database where resident records are kept and verified that access is restricted to case managers, program leadership, and the PREA Coordinator. Investigative evidence is maintained in the agency's secure SharePoint system with roles-based access. This provides assurance that investigative information is properly safeguarded and available for administrative review.

Indicator (g). The PREA Investigations policy requires that criminal investigations be documented in a "comprehensive report, including relevant attachments where feasible". Although no criminal investigations occurred during the audit period, the administrative investigative report reviewed contained detailed testimonial evidence, video review, case and personnel file documentation, and a clear

statement of findings.

Indicator (h). The PREA Investigations policy requires that “substantiated allegations involving criminal conduct will be referred for prosecution”. Both the PREA Coordinator and the Agency Director confirmed that practice in interviews. The one investigation reviewed during the audit period did not warrant referral to criminal investigators or prosecutors. The allegation was unfounded, with evidence from video review and multiple witness statements clearly demonstrating that no misconduct had occurred. This supports that the referral requirement would be applied when warranted, but was not applicable in this case.

Indicator (i). Policy requires that investigative reports be retained for “at least five years beyond the duration of the alleged abuser’s incarceration or employment”. The PREA Coordinator reported that all investigative files are stored digitally and, in practice, permanently retained. The auditor verified the reviewed case file was maintained electronically and properly archived.

Indicator (j). The PREA Investigations policy requires that “investigations will not be terminated due to the departure of the alleged victim or abuser”. The investigator confirmed that cases proceed even if staff resign or residents discharge. They added that in the case of staff who leave employment, they would still invite the individual to volunteer to participate in an interview. While cooperation cannot be compelled, the effort ensures the investigation continues to seek all relevant information.

Indicator (k). This requirement pertains to state or Department of Justice investigative entities. It is not applicable here, as the facility conducts its own administrative investigations and refers potential crimes to the Bridgeport Police Department.

Indicator (l). The PREA Investigations policy states that “the facility will fully cooperate with external investigators”. Both the Agency Director and PREA

	Coordinator affirmed in interviews that the agency cooperates fully with the Bridgeport Police Department in any investigation. The reviewed case file documented communication with facility leadership and would have been shared with law enforcement had criminal behavior been substantiated. <u>Compliance Determination</u> The facility substantially meets the requirements of the standard. Policies and procedures are consistent with every element of the standard. Investigations are conducted promptly, thoroughly, and objectively by a trained PREA investigator. The one investigation reviewed was initiated within 24 hours, documented testimony, video evidence, case and personnel files, and provided a clear rationale for its unfounded determination. All required protections around credibility assessments, staff review, evidence security, documentation, and record retention were observed. Criminal matters are referred to the Bridgeport Police Department, and administrative investigations continue even if involved parties leave the agency. Interviews with administrators, staff, and the investigator confirmed consistent practice. The facility therefore demonstrates full compliance with this standard.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of compliance reviewed</u> • PREA Investigations Policy • One complete investigation packet (administrative investigation) • Interview with the Investigator <u>Summary of evidence</u> <i>Indicator (a).</i> The agency’s PREA Investigations policy expressly adopts the evidentiary threshold of preponderance of the evidence: “The agency applies a ‘preponderance of the evidence’ standard when determining whether allegations of sexual abuse or harassment are substantiated.” During the interview, the investigator affirmed that they use the preponderance standard and described it as “better than 50/50” and “more likely true than not.” A review of the single investigation file revealed that the conclusion relied on this standard: the investigator weighed resident and staff statements, available video

	footage, and historical/context information, and documented why it was more likely than not that the alleged abuse did not occur (unfounded). <u>Summary of compliance</u> The facility substantially meets the requirements of the standard. Policy explicitly codifies the preponderance-of-the-evidence standard for administrative findings, and the investigator both articulated and applied that standard in practice, as evidenced in the reviewed case file.
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115.273	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<u>Evidence of compliance reviewed</u> • PREA Investigations • One investigation packet • Interview with the Program Director • Interview with Investigator <u>Summary of Evidence</u> <i>Indicator (a).</i> The PREA Investigations policy states: “Following completion of an investigation into a resident’s allegation of sexual abuse occurring in an agency facility, the agency shall inform the resident, in writing and verbally, whether the allegation was substantiated, unsubstantiated, or unfounded, and shall document the notification.” The investigation packet reviewed contained a completed notification form reflecting the final disposition and a contemporaneous case note documenting the verbal explanation and the resident’s acknowledgment, with timelines aligned to the case closure date. In interviews, the Program Director confirmed residents receive verbal notice of findings and that documentation is retained in the investigation file and electronic case notes. The investigator stated that they provide outcome notice to the resident. In the single allegation reviewed, the investigator personally reviewed the evidence with the resident and explained the reasoning for the finding, which the Program Director corroborated as standard

practice.

Indicator (b). The PREA Investigations policy provides: “If an investigation is conducted by an external investigative agency, the agency shall request the relevant outcome information from that agency and use it to notify the resident consistent with this policy.” No cases during the review period involved an external investigative agency. In interviews, the Program Director and investigator described that the PREA Coordinator or designee requests the final disposition in writing and proceeds with resident notification once it is received.

Indicator (c). The PREA Investigations policy states: “Unless the allegation is unfounded, the agency shall subsequently inform the resident whenever: (1) the staff member is no longer posted within the resident’s unit; (2) the staff member is no longer employed at the facility; (3) the agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.”

No substantiated or unsubstantiated allegations of abuse have occurred at the facility to date. Interviews with the PREA Coordinator and Program Director confirm that the practice aligns with what is outlined in the policy. The PREA Coordinator also indicated that they would generally be responsible for informing the resident whenever these events were to occur.

Indicator (d). For allegations that another resident sexually abused a resident, the PREA Investigations policy states: “The agency shall inform the alleged victim whenever it learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.”

In interviews, the Program Director explained that changes in legal status are tracked through coordination with the investigator and, when applicable, the prosecutor’s office, before the investigator issues the notice and files the documentation in the case record.

Indicator (e). The PREA Investigations policy directs: “All notifications or attempted notifications required by this section shall be documented in the investigation file and the resident’s case record, including date, time, method, staff providing the notice, and any resident acknowledgment.”

The investigation packet included specific documentation that the investigator reviewed the finding with the resident, including the date that the finding was discussed with the resident.

Final Compliance Summary and Determination

The facility exceeds the requirements of this standard. The PREA Investigations policy explicitly covers outcome notifications for substantiated/unsubstantiated/unfounded findings; requesting dispositions from external investigators; subsequent notifications tied to staff status changes (reassignment, separation, indictment, conviction) and resident-subject milestones (indictment, conviction); comprehensive documentation of all notifications and attempts; and termination of the duty upon release.

The investigation packet reviewed verifies that verbal notice was provided to the alleged victim. Although the finding was unfounded, the investigator took the time to explain the reason for the finding and discussed the evidence that had been reviewed. While the allegation was unfounded, the investigator outlined steps the agency would take to assist the resident in the future by using search practices that would make the resident more comfortable while still ensuring the facility's security. This practice exceeds the standard by a substantial margin. Where the standard only requires notice of a finding and certain events related to a perpetrator, the facility has taken steps to personally discuss the evidence and conclusions with the reporter and create a safety plan, even when the finding is unfounded.

Interviews with the Program Director and investigator confirm that the agency will always provide notice to the victims of abuse of the investigation’s findings, and in the case of substantiated or unsubstantiated abuse, events related to the perpetrator. Both confirmed that a personal conversation with the resident will occur, although the exact details of what is discussed regarding a case may vary depending on the incident itself. The Program Director confirmed that safety planning for the resident is an integral part of their resident management process following an investigation into behavior.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>Evidence of compliance reviewed</u> • PREA Investigations Policy • PREA Compliance and Safety Assurance Policy • Site review observations • Interview with Program Director • Interview with investigator • Interviews with random residents <u>Summary of Evidence</u> <i>Indicator (a).</i> The PREA Investigations policy states: “If an allegation against a staff member is substantiated, they will be terminated in accordance with the agency’s zero-tolerance policy,” and provides for action, as appropriate, on unsubstantiated matters; it also affirms proportional discipline for other PREA-related policy violations. The Program Director confirms that this is the agency's practice, although no allegations of staff abuse have been substantiated or unsubstantiated to date. <i>Indicator (b).</i> Termination is the presumptive sanction for staff who have engaged in sexual abuse. The agency mirrors this presumption through policy language that “if an allegation against a staff member is substantiated, they will be terminated in accordance with the agency’s zero-tolerance policy,” reinforced by the written zero-tolerance mandate in the PREA Compliance and Safety Assurance policy. The Program Director confirmed that termination would be the presumptive sanction in this situation. <i>Indicator (c).</i> For violations of agency policies relating to sexual abuse or sexual harassment that do not constitute sexual abuse, the standard requires sanctions commensurate with the act, the staff member’s history, and parity with comparable cases. The agency’s policy states: “Staff who violate agency policies related to sexual abuse or sexual harassment (but do not actually commit sexual abuse) will face disciplinary action that matches the seriousness of what they did, their past disciplinary record, and how similar cases have been handled for other staff,”.

Indicator (d). The agency's PREA investigations policy provides that a substantiated staff case "will be reported to law enforcement unless the conduct was not criminal, and to any relevant licensing bodies,". The investigator confirmed that the policy reflects their actual practice. No cases have yet been referred to law enforcement. One investigation report completed did not result in a substantiated finding.

Final Compliance Summary and Determination

The facility substantially meets the requirements of the standard. The agency's written policies directly satisfy each element of the standard. The zero-tolerance policy provides the overarching framework supporting these disciplinary expectations. The Program Director confirmed that termination is the presumptive discipline for any staff who engages in sexual abuse. They confirmed that no staff have received discipline of any kind for sexual abuse or sexual harassment to date. Site observations revealed zero-tolerance messaging and supervisory practices that were consistent with the policies. During the audit period, there were no allegations of staff sexual abuse or sexual harassment, and therefore, no staff discipline was related to such conduct. No residents interviewed alleged being sexually harassed or abused, or having information about staff sexual abuse or harassment, since they've been in the program.

115.277 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence of Compliance Reviewed

- PREA Investigations Policy
- PREA Compliance and Safety Assurance Policy
- Site review observations
- Review of allegation records
- Interview with Program Director
- Interview with PREA Coordinator

Summary of Evidence

	<i>Indicator (a).</i> The agency’s written procedures require that when a contractor or volunteer engages in sexual abuse, the person is “immediately prohibited from having contact with residents,” and the matter is reported to “law enforcement and licensing bodies, unless the conduct was not criminal,” which mirrors the federal requirement that such individuals be prohibited from resident contact and reported to law enforcement and relevant licensing bodies (28 C.F.R. §115.277(a)). Interviews with the Program Director and the PREA Coordinator confirmed this practice and that the agency would notify police promptly upon a substantiated finding against a contractor or volunteer. Agency records indicate there have been no allegations involving contractors or volunteers since opening. <i>Indicator (b).</i> For other violations of agency sexual abuse/harassment policies by contractors or volunteers that do not constitute sexual abuse, the written procedures provide for case-by-case remedial action, and leadership reported that measures could include removal from the site, increased supervision, retraining, or termination of access; the policy’s “handled case by case” language aligns with §115.277(b)’s requirement to take appropriate remedial measures and to consider prohibiting further contact with residents. The agency also prevents and mitigates risks through zero-tolerance messaging and by requiring volunteers and contractors to acknowledge the facility’s policies and their respective responsibilities. <u>Compliance Summary</u> The facility substantially meets the requirements of the standard. The agency’s policies expressly implement the requirements by mandating immediate prohibition of resident contact and referrals to law enforcement and licensing bodies when contractor/volunteer sexual abuse is substantiated, and by providing for remedial measures, up to and including prohibiting further resident contact, for other policy violations. These requirements are reinforced operationally through documented supervision controls for contractors and volunteers. Interviews and records further show no contractor or volunteer allegations since the program's opening,
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Summary of Evidence Reviewed</u>

- PREA Investigations Policy
- PREA Compliance and Safety Assurance Policy
- Response to Allegations of Sexual Abuse or Assault Policy
- Site review observations of posted PREA information, reporting channels, and program supervision practices.
- Resident Handbook
- Interview with Program Director
- Interview with PREA Coordinator

Indicator (a). The PREA Investigations Policy states, under “Residents,” that residents “found through a formal process to have engaged in sexual abuse will be subject to disciplinary sanctions,” reflecting that discipline follows an administrative finding or a criminal adjudication, with documentation in the investigative process. During interviews, the Program Directed described a formal, graduated disciplinary system, noting the highest potential sanction is termination from the program. In practice, there is little formal discipline in the program. The program relies on agreements with the resident population , as outlined in the handbook and their policies, and that each resident has their own case plan to meet their goals. Deviations from expected program behavior are identified by staff and addressed, informally, through conversation. Remediation efforts are identified through a conversation between the staff and the resident. The Program Director confirmed the facility prohibits all sexual contact between residents and affirmed discipline is only imposed after a formal finding. The Resident Handbook also states the prohibition of any sexual contact, stating “Sexual contact between individuals is not allowed in RNP facilities or on RNP grounds or during RNP activities such as community service. (Note: This does not apply to appropriate displays of affection between visitors and residents.)”

Indicator (b). The PREA Investigations Policy further provides that resident sanctions will be “appropriate to the severity of the incident, [the resident’s] disciplinary history, and how similar cases have been handled,” establishing proportionality and parity with comparable offenses. The Program Director explained that sanctions are commensurate with the conduct and calibrated after consultation with the Assistant Program Director, case manager, and other relevant staff, with a review of the resident’s history prior to disposition.

Indicator (c) The PREA Investigations policy requires consideration of “any

contributing mental health or developmental disabilities” when determining sanctions. The Program Director confirmed practice aligns with these requirements. Mental health diagnosis and observations are noted in the resident’s file, and will be considered for any disciplinary sanction.

Indicator (d). The facility does not contract, employ, or otherwise use mental health services in its program. The Program Director stated that any mental health referrals are made in support of case management and release planning. However, this is often handled through a Primary Care Physician from the community.

Indicator (e). The PREA Investigations Policy specifies that residents “will not be disciplined for sexual contact with staff unless it is determined the staff member did not consent,” mirroring the standard in § 115.278(e). The Program Director and the PREA Coordinator confirmed that this is their practice.

Indicator (f) Good-faith reporting is protected in agency policy. The standards state that a report made in good faith “shall not constitute falsely reporting or lying,” even if not substantiated. The PREA Investigations policy likewise provides that residents may only be disciplined for filing a sexual-abuse grievance if the agency demonstrates bad faith, and allows sexual-abuse grievances “at any time.” The investigator reported one unfounded allegation where the resident was not disciplined for reporting, despite the unfounded finding. The investigative report noted that the resident genuinely felt their allegation was valid, but the evidence demonstrated that the allegation was unfounded.

Indicator (g) The Program Director affirmed a blanket prohibition on resident-resident sexual activity in practice, with classification decisions distinguishing consensual acts from sexual abuse consistent with the standard. The Resident Handbook also states that, “Sexual contact between individuals is not allowed in RNP facilities or on RNP grounds or during RNP activities such as community service.”

	<u>Final Compliance Summary and Determination</u> The facility substantially meets the requirements of the standard. The facility's written policies and practices align with each requirement of the standard. The PREA Investigations policy expressly limits discipline to post-finding scenarios; calibrates sanctions by severity, and history. It also requires consideration of mental disabilities/illness; adopts the consent requirement for staff-resident contact; and protects good-faith reporting. Interviews and site observations show practice mirrors policy, including no discipline for an unfounded allegation and a program wide prohibition on resident sexual activity that still distinguishes consensual, non-coerced acts from "sexual abuse," as required by the standard.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • Response to Allegations of Sexual Abuse or Assault Policy • Language, Literacy, and Disability Access Policy • Site review observations • Interview with Program Director • Interview with PREA Coordinator • Interviews with staff acting as first responders • Interview with Bridgeport Hospital staff <u>Summary of Evidence</u> <i>Indicator (a)</i> The Response to Allegations of Sexual Abuse or Assault Policy direct that resident victims "will receive timely, unimpeded access to emergency medical treatment and crisis intervention services" and that the program "shall offer... access to forensic medical examinations via Bridgeport Hospital," with SAFE/SANE exams when possible and advocate or staff accompaniment upon request, and the agency documents efforts to secure SAFEs/SANEs. During the site review, staff and leadership explained that because there are no on-site clinicians, residents are transported immediately to Bridgeport Hospital for emergency evaluation and, when indicated, forensic services.

The Program Director confirmed that accompaniment and crisis advocacy options are offered consistent with policy and outside-advocate access expectations.

Indicator (b). The Response to Allegations of Sexual Abuse or Assault Policy instructs first responders to enact protective steps and notify medical/mental health practitioners when no practitioners are on duty, including separating the parties, preserving the scene, and preventing actions that could compromise evidence (e.g., eating/drinking, washing, changing clothes, toileting, smoking).

In interviews, seven of seven first responders accurately recited these steps from memory, specifically, immediate separation of the victim and alleged perpetrator, advising the victim not to eat, drink, toilet, or otherwise take any action that could compromise evidence, and preserving/controlling the scene until relieved by investigators, followed by immediate notification and transport as needed.

Indicator (c). The auditor contacted Bridgeport Hospital to confirm the scope of services provided at the hospital. Hospital staff reported that clinicians at Bridgeport Hospital provide emergency care, information about pregnancy-related options, and STI prophylaxis, consistent with clinical judgment and hospital protocols, during the post-assault medical visit. This aligns with the agency's reliance on community medical decision-making, as outlined in its policy. In direct communication with Bridgeport Hospital, hospital staff confirmed that they will treat injuries for residents brought to the facility, can provide SANE services on-site, and will make appropriate referrals for follow-up care and services. The Center for Family Justice provides emotional support services for victims at the hospital.

Indicator (d). The Response to Allegations of Sexual Abuse or Assault Policy states that treatment "will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident." Interviews with the Program Director and PREA Coordinator confirmed that residents are not billed for emergency medical/mental health, or forensic services by the Recovery Network of Programs, and that these services proceed regardless of investigative cooperation. The hospital may still charge residents for their visit. Communication access expectations in the Language, Literacy, and Disability Access policy support the delivery of information and services to residents with LEP or disabilities as needed.

	<u>Compliance Determination</u> The facility substantially meets the requirements of the standard. Written directives require immediate access to emergency medical care and crisis intervention via Bridgeport Hospital, with SAFE/SANE exams when available. Site observations confirmed there are no on-site clinicians and that the practiced response is immediate transport to the hospital. Seven of seven first responders could accurately articulate the separation, evidence-preservation, and notification steps, demonstrating training retention and operational readiness consistent with policy. Direct confirmation from Bridgeport Hospital that it will treat injuries, provide SANE services, and make referrals further validates the feasibility of the agency's external-care model. Communication-access policies ensure residents with LEP or disabilities can understand and use these services.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • Response to Allegations of Sexual Abuse or Assault Policy • Language, Literacy, and Disability Access Policy • Site review observations • Interview with Program Director • Interview with the Assistant Program Director • Interview with PREA Coordinator • Interview with case manager <u>Summary of Evidence</u> <i>Indicator (a).</i> Interviews with the Program Director and PREA Coordinator described that any resident who reports prior sexual victimization, whether occurring at this facility or previously while incarcerated elsewhere, is offered a referral for medical and mental health evaluation and, as appropriate, treatment through community providers. The facility is able to provide transportation to these community facilities if needed.

Indicator (b). The facility does not employ on-site medical or mental health practitioners and therefore uses community providers for all ongoing care. The facility provides community resource lists and crisis contacts, as well as referrals for follow up care if needed.

Indicator (c) The facility does not employ on-site medical or mental health practitioners and therefore uses community providers for all ongoing care. Residents are able to apply for passes into the community for a variety of reasons, including access to routine medical care.

Indicator (d). The facility has no female residents. The Program Director reported that the facility would assist transgender women with making appointments to appropriate medical services in the community, if needed.

Indicator (e). The facility has no female residents. The Program Director reported that the facility would assist transgender women with making appointments to appropriate medical services in the community, if needed.

Indicator (f). Medical staff at Bridgeport Hospital said tests medically appropriate testing for sexually transmitted infections (STIs) during emergency and follow-up visits. The Assist Program Director confirmed that community clinicians determine testing and prophylaxis schedules, and that results and treatment orders are logged in the resident's file for continuity. Medications prescribed by a physician are stored with facility attendants and distributed within the facility by them. The auditor observed one med pass during the site review and observed residents being dispensed their medications by non medical staff at the facility.

Indicator (g). The Response to Allegations policy states that treatment will be

	provided without financial cost and regardless of whether the resident names the abuser or cooperates with any investigation. The Program Director affirmed this applies to ongoing medical/mental health care and counseling arranged after the initial response. Indicator (h). The Assistant Program Director explained that case managers flag any resident identified as a resident-on-resident abuser in an allegation finding. The Assistant Program Director and Program Director will assist the resident with scheduling any appropriate referrals for care in the community, including mental health referrals for problematic sexual behavior. <u>Final Compliance Summary and Determination</u> The facility is in substantial compliance with this standard. The facility's practice relies on community providers for all ongoing medical and mental health services, demonstrating a coherent, documented process. Referrals are made for continuity at transfer or release. Additionally, pregnancy testing, pregnancy-related services, and STI testing are offered by staff at the local hospital based on clinical judgment. No female, cis or trans, resides at the facility, but would receive the same referral services. Services are provided at no financial cost from the Recovery Network of Programs or as a condition of cooperation. Policy expressly supports continuation of services and outside advocacy access, while accommodations policies ensure residents with LEP or disabilities can understand and use these services.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • PREA Investigations Policy • Security and Safety Policy • Site review observations • Interview with Agency Director • Interview with Program Director • Interview with PREA Coordinator

Summary of Evidence

Indicator (a). The facility's PREA Investigations Policy requires a sexual abuse incident review "at the end of each investigation, unless the allegation is determined to be unfounded," aligning with §115.286(a)'s requirement to review substantiated and unsubstantiated cases and exempt unfounded cases; leaders confirmed this same process is used for PREA allegations, although none have occurred at this site to date.

The Program Director and PREA Coordinator both confirm that the incident review team would review any substantiated or unsubstantiated allegation of sexual abuse. There have been no substantiated allegations of abuse since the program opened; therefore, no incident reviews for sexual abuse cases have taken place.

Indicator (b). Policy states reviews "should occur within 30 days of the investigation's conclusion," which mirrors the standard.

The Agency Director and Program Director described a standing process in which the investigator circulates a monthly incident report to agency and program leadership. They debrief on the dynamics and potential corrective actions, underscoring readiness to meet the 30-day expectation if an investigation concludes.

Indicator (c). The policy specifies that participants "include upper-level management, supervisors, the investigator, and clinical staff, when applicable," which is consistent with the standard. The Agency Director indicated that agency leadership, including the Chief Operating Officer, Program Director, PREA Coordinator, and other management personnel, participates in incident review meetings.

Indicator (d). The policy directs the review to assess whether policy or practice changes are needed; to consider whether motivators include race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics; to examine the incident location for physical barriers; to assess staffing adequacy; and to consider whether monitoring technology should be added or improved.

The Program Director discussed the incident review process as a lessons learned

system. They discussed how, although incidents are rare, they provide an opportunity for the program to grow and learn. Corrective action might include additional staff training or recommendations for new procedures. Although there have been no reviews for PREA allegations, the Director discussed how incident reviews with the agency provide an opportunity to discuss significant matters with agency leadership.

The PREA Coordinator confirmed that they receive a formal briefing from the agency leadership team regarding changes or corrective actions to be taken, in collaboration with the Program Director. The PREA Coordinator, who also serves as the investigator, regularly collects data and trends for the agency leadership's review, and often includes recommendations to changes to practices or policy to address concerns.

Indicator (e). The policy requires a "written report of findings and recommendations," and, if recommendations are not implemented, requires documentation of the rationale; this matches §115.286(d)(6) and (e), which require submission of a report to the facility head and PREA compliance manager and either implementation or documentation of reasons for not doing so. The Agency Director identified the Program Director as ultimately being responsible for any corrective action. No corrective action has been required for any PREA allegations; however, recommendations are generally emailed to the Program Director for review. The Agency Director confirmed regular communication with facility leadership to discuss ongoing issues and strategies.

Compliance Determination

The facility substantially meets the requirements of the standard. Policies and the physical environment align closely with standard requirements. The PREA Investigations Policy mandates incident reviews for all substantiated and unsubstantiated allegations, sets a 30-day window, identifies the appropriate multi-disciplinary participants, requires examination of motivation, physical plant, staffing, and technology, and requires a written report with implementation or documented non-implementation of recommendations (all mirroring §115.286). Interviews outlined a standing monthly leadership review process for agency incidents, assigning the Program Director responsibility for corrective actions at this facility, which evidences operational readiness despite no qualifying PREA cases to review to date.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • PREA Investigations Policy • Internal Incident Report Form (rev. 9/2024) • Interview with PREA Coordinator • Annual report including aggregated data <u>Summary of Evidence</u> <i>Indicator (a).</i> The PREA Investigations Policy states, “The agency will collect consistent and accurate data for all allegations of sexual abuse using a standardized format” and will aggregate and review it annually. The facility uses a standardized internal incident report form for all incidents that functions as the uniform instrument for sexual abuse allegations. The form collects demographic data for involved persons, date/time, location, witnesses, incident categories, and narrative, and documents whether police and/or EMTs were involved and whether medical care was provided. It requires a supervisor's signature with space for additional information, a Program Director's review and signature with identification of corrective actions as needed, and a Quality Department/PREA Coordinator's review and signature. The PREA Coordinator reports that the incident review form is used to aggregate all data on sexual abuse, which is then presented to the agency's leadership team for review. <i>Indicator (b).</i> The agency aggregated its sexual abuse incident-based data for the current year using policy definitions, consistent with §115.287(b)’s requirement to aggregate at least annually. The PREA Investigations policy expressly requires annual aggregation and the use of that data to review practices and identify improvements.

Indicator (c). The incident form and associated case documentation collect sufficient incident-based data to answer all questions from the most recent DOJ Survey of Sexual Violence (SSV). The agency policy mirrors this requirement, directing that the annual data review “will answer all questions required by the most recent version of the Department of Justice’s Survey of Sexual Violence.”

Indicator (d). The agency maintains, reviews, and collects data from incident-based documents, including standardized incident reports, investigation files, and reviews of sexual abuse incidents consistent with §115.287(d). The PREA Coordinator confirmed that allegation and investigation data are maintained in a SharePoint folder accessible to Program and Agency leadership, with policy requiring annual review and use of these records to guide corrective actions and to prepare an annual report.

Indicator (e). Not applicable. The agency does not contract private facilities for the confinement of residents; therefore, there is no contracted-facility incident-based or aggregated data to obtain under §115.287(e).

Indicator (f). Not applicable. The Department of Justice has not requested the agency’s previous calendar-year data; however, agency policy codifies the requirement that “upon request, the agency will provide the previous calendar year’s data to the Department of Justice no later than June 30,” which aligns with §115.287(f).

Compliance Determination

The facility substantially meets the requirements of the standard. Based on a policy review, the standardized incident report form, and an interview with the PREA Coordinator, as well as evidence that the agency aggregates and reviews incident-based data annually, the facility demonstrates procedures consistent with §115.287. The policy explicitly requires standardized, accurate data collection, annual aggregation, SSV-aligned data elements, use of incident reports/investigation files/incident reviews for agency review and improvement, and readiness to furnish DOJ with the prior-year data by June 30 upon request.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard Auditor Discussion <u>Evidence of Compliance Finding Reviewed</u> • PREA Investigations Policy • Agency PREA webpage with posted annual report • Interview with Agency Director • Interview with Program Director • Interview with PREA Coordinator • Site review observations <u>Summary of Evidence</u> <i>Indicator (a).</i> The Agency Head described the agency's incident data review cycle. The Compliance Manager, who serves as the PREA Coordinator, aggregates incident-based data and presents findings to agency leadership. The leadership's Risk & Safety Committee, comprised of the Agency Director, COO, Program Director, Assistant Program Director, and others, meets to identify problem areas, assign corrective actions, and track follow-through. Assignments are issued to the Program Director, who may also have already taken interim steps to address any deficiencies. The PREA Coordinator reported that aggregated materials are stored on a role-based SharePoint drive and that any paper copies are secured in locked cabinets within locked offices. They further stated that they conduct monthly in-person checks at the facility to review the implementation of corrective actions. The agency policy mirrors this. The PREA Investigations policy requires annual aggregation to review practices, guide corrective actions, and prepare a yearly report. The Program Director and PREA Coordinator confirmed that, while no PREA-related corrective-action items have been required to date, the corrective-action practice and committee process are active for other incident types. <i>Indicator (b).</i> The program has operated for only one year and therefore has not yet had an opportunity to compare the current year's data to prior years. The Agency

Director and PREA Coordinator stated that the year-over-year comparison and progress assessment will be implemented next year pursuant to policy, which requires the annual report to compare current and prior years and evaluate progress in addressing sexual abuse.

Indicator (c). The Agency Director affirmed that she approves corrective action and data reports, including the annual PREA report. The PREA Investigations Policy requires the annual report to be approved by the CEO and made publicly available at: <https://recovery-programs.org/program/prison-rape-elimination-act-prea/>. The agency's website hosts the annual PREA report, and the posted "2025 RNP PREA Report" displays the Executive Director's signature.

Indicator (d). The PREA Coordinator stated that the annual report contains no personally identifying information. The posted annual report contains only aggregate counts and no PII. Agency policy expressly requires PII removal before making the annual report public. The auditor independently confirmed that the annual report contains no PII.

Compliance Determination

The facility substantially meets all requirements of the standard. Based on the documents, observations, and interviews, the agency has established and implemented a structured, leadership-driven data review process that utilizes aggregated incident data to identify problem areas, guide ongoing corrective action, and produce an annual report. These practices are codified in policy (aggregation for review and corrective action, year-over-year comparisons, CEO approval, public posting, and PII removal). They are supported by governance (the Risk & Safety Committee), controls (role-based SharePoint storage and locked-file protocols), and monitoring (monthly onsite checks conducted by the PREA Coordinator). The annual PREA report is posted publicly and bears the agency head's signature without PII, evidencing both approval and appropriate publication. Although the program's first year of operation does not yet allow for historical comparison, the required year-over-year comparison is already embedded in policy. It is slated for implementation in the coming cycle.

	Auditor Overall Determination: Meets Standard Auditor Discussion <u>Evidence of Compliance Finding Reviewed</u> • PREA Investigations policy • Interview with PREA Coordinator • Interview with Security Coordinator • Agency website <u>Summary of Evidence</u> <i>Indicator (a).</i> The PREA Investigations policy affirms the agency’s commitment to maintaining confidentiality and requires secure stewardship of PREA data. Specifically, it directs that “all data will be securely stored for at least 10 years, unless a longer retention period is required by law,”. Consistent with this, the PREA Coordinator and Security Coordinator reported that paper investigative and data files are kept in locked cabinets, and electronic PREA data are shared only via role-based permissions in the agency’s SharePoint, limiting access to authorized personnel (interviews). <i>Indicator (b).</i> The agency reports that aggregated sexual abuse data are made readily available to the public at least annually via its website at recovery-programs.org/prison-rape-elimination-act-prea/. The PREA Investigations policy also requires the annual report to be approved by the CEO and “made publicly available,”. <i>Indicator (c).</i> Before public posting, the PREA Investigations policy requires that the annual report be released “after removing all personal identifiers,” establishing a clear redaction protocol to prevent the disclosure of PII. During the document review, the auditor examined the posted report and confirmed that it contained no personally identifiable information. <i>Indicator (d).</i> The PREA Investigations policy mandates that “all data will be securely stored for at least 10 years, unless a longer retention period is required by law,”. This requirement operationalizes the federal standard by prescribing a retention
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	timeframe and recognizing possible superseding legal requirements. The auditor noted during the site review where paper files were kept in the Assistant Program Director and case manager's offices in locked cabinets. <u>Compliance Determination</u> The facility substantially complies with the requirements of the standard. Agency policy language requires confidentiality, with the public release of aggregated data only after the removal of personal identifiers, and secure retention for a minimum of 10 years. Interviews with the PREA Coordinator and Security Coordinator confirm that paper records are locked and electronic data are role-restricted in SharePoint. The auditor noted during the site review that paper files were kept in the Assistant Program Director's and case manager's offices in locked cabinets. Verification is also confirmed that the annual PREA data are posted on the agency's website. Additionally, an auditor confirms that the posted report contains no PII. The PREA Investigations policy directly codifies all four elements of the standard (secure retention, public availability, de-identification, and 10-year retention), and practice aligns with policy as evidenced by controlled storage and access, as well as a de-identified public report.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Evidence of Compliance Finding Reviewed</u> • Site review observations <u>Summary of Evidence</u> <i>Indicator (a).</i> The facility reported this is its first year of operation and its first year participating in PREA audits. It completed its first facility audit in Year 1 of Cycle 5. <i>Indicator (b).</i> The facility reported this is its first year of operation and first year of PREA audits. It completed its first audit in Year 1 of Cycle 5. The agency operates one additional facility seeking PREA compliance and plans to conduct that audit in

Year 2 of Cycle 5.

Indicator (h). The auditor conducted the onsite visit September 2-3, 2025, accessed and observed all areas of the program accessible to residents and staff, and verified physical plant/door controls with the Program Director, PREA Coordinator, and Security Coordinator, who were available on site to answer questions.

Indicator (i). The auditor received, via email and through the OAS, all requested documentation, including investigative files and other relevant records, and received copies of relevant documents, including electronically stored information.

Indicator (m). Resident and staff interviews were conducted in a private office away from staff offices and resident rooms, and the auditor was permitted to select interviewees randomly.

Indicator (n). The auditor observed audit notices posted in living and common areas and confirmed that residents have access to paper, envelopes, stamps, and a process to send mail free of charge through staff or independently via the community post office. Although no resident mail was sent to the auditor, the observed postings and available materials support compliance.

Compliance Determination

The facility substantially meets the requirements of the standard. The evidence demonstrates that the agency and facility are operating within the audit frequency and scope parameters. The facility initiated and completed its first audit in Year 1 of Cycle 5 during its first year of operation. The agency plans to audit its other facility in Year 2, aligning with the cycle and one-third annual audit requirements in § 115.401(a)–(b). During the on-site visit on September 2-3, 2025, the auditor observed all areas and verified staff availability to address operational questions, ensuring access requirements in § 115.401(h) were satisfied. The auditor received all requested documentation via email/OAS in line with § 115.401(i), conducted private interviews selected at random consistent with § 115.401(m), verified posted notices and confidential mail access as contemplated by § 115.401(n).

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Compliance Determination</u> The PREA Coordinator has confirmed with the auditor that upon completion of the Final Report, the report will be published to the facility's website at https://recovery-programs.org/program/prison-rape-elimination-act-prea/ . This is the first PREA Audit Final Report that it will publish.

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?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
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?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	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.)	yes
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	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
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)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
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).)	yes
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).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
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.)	na
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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.)	na