

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

  			
Name of Facility:	Hartford Juvenile Detention Center/CSSD		
Physical Address:	920 Broad Street, Hartford, CT 06106		
Date report submitted	December 10, 2014		
Auditor information			
Address	6302 Benjamin Road, Suite 400, Tampa, FL 33634		
Email:	peter.plant@us.g4s.com		
Telephone number:	813-784-4478		
Date of facility visit	November 17-18, 2014		
Facility Information			
Facility Mailing Address: <i>(if different from above)</i>			
Telephone Number:	860-244-7960		
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager:	Judith D'Alessandro		Title: Deputy Superintendent
Email Address:	Judith.DAlessandro@jud.ct.gov		Telephone Number: 860-244-7963
Agency Information			
Name of Agency:	Connecticut Judicial Branch, Court Support Services Division		
Governing Authority or Parent Agency: <i>(if applicable)</i>	Connecticut Judicial Branch		
Physical Address:	90 Washington Street, Hartford, CT 06106		
Mailing Address: <i>(if different from above)</i>	CSSD – 936 Silas Deane Highway, Wethersfield, CT 06109		
Telephone Number:	860-721-2199		
Agency Chief Executive Officer			
Name:	Stephen Grant	Title:	Executive Director
Email Address:	stephen.grant@jud.ct.gov	Telephone Number:	860-721-2199, ext. 3102
Agency Wide PREA Coordinator			
Name:	Patricia Nunez	Title:	Program Manager 1
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AUDIT FINDINGS

NARRATIVE:

The Hartford Juvenile Detention Center is a hardware secure, 88 bed, two story building, housing both male and female detainees, operated under the direction of the Court Support Services Division of the Connecticut Judicial Branch, located in Hartford, CT. The average daily population is 45, and the average length of stay is 14 days. The facility employs 131 full time staff. St. Francis Hospital and Maxim Staffing are contracted to provide physician and nursing staff, respectively. The facility contracts with Yale Behavioral Health Clinic for mental health services. No SANE or SAFE staff are employed at the facility; however, these professionals are provided at both St. Francis Hospital and Hartford Hospital, where forensic examinations would be conducted.

The Connecticut Judicial Branch is comprised of 5 divisions: Administration, Court Support Services, External Affairs, Information Technology and Superior Court Operations. The Court Support Services Division (CSSD) within the Judicial Branch includes two juvenile detention centers located in Bridgeport and Hartford. The detention centers are operated by the Juvenile Residential Services Unit of CSSD.

[Note: This agency and facility is a part of the judicial branch of state government and, therefore, is not subject to state executive branch control. The leadership of the Judicial Branch has made a strong commitment to achieving and maintaining full compliance with all PREA Standards. Hereinafter, the Judicial Branch will be referred to as the “agency.”]

The Hartford Juvenile Detention Center was first accredited by the American Correctional Association in 2003 and has successfully achieved re-accreditation status in 2006, 2009, and 2012. The Hartford Juvenile Detention Center was also first accredited by the National Commission on Correctional Health Care in 2004 and has successfully achieved re-accreditation status in 2007, 2010, and 2013. The facility also participates in Performance-based Standards (PbS), a nationally-recognized improvement program developed by the Council of Juvenile Correctional Administrators (CJCA) and operated by its own independent non-profit organization, the PbS Learning Institute (PbS Li). PREA-related questions have been included in the PbS Youth Climate Surveys as another confidential avenue to report sexual abuse or sexual harassment within juvenile detention. Finally, the facility is in its third year of implementing a facility wide Positive Behavior Interventions and Support (PBIS) system. PBIS is a national approach to improving discipline that focuses on interaction and encouraging students to make good choices. The underpinnings of PBIS focus on respect and safety.

This audit was conducted by Certified PREA Auditor Peter Plant. During the Pre-Audit phase the auditor reviewed a variety of documents provided by the agency and facility. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. The auditor conducted a Pre-Audit conference call a week prior to the on-site audit to provide agency and facility officials with the current status of each standard, as well as to expand upon and clarify documents that had been submitted. Additional documentation was sent to the auditor, as the result of this telephonic meeting. The auditor did not receive any correspondence or requests from staff or detainees prior to the on-site audit.

The on-site audit was conducted on November 17-18, 2014. An entrance meeting was held with the leadership of the facility, including Superintendent Jennifer Alicea, Deputy Superintendent and PREA Compliance Manager Judith D'Alessandro, CSSD Contract Administrator Jack Fitzgerald, Judicial Branch PREA Coordinators Richard Loffredo and Denise Poncini, CSSD PREA Coordinator Patricia Nunez, and other members of the facility management team. Lists of staff and detainees were provided. On the first day of the on-site audit 32 male and 3 female detainees were held in the facility. Additionally, a proposed schedule for specialized staff interviews was reviewed and approved.

The entrance meeting was followed by a tour of the facility (described below). All areas on both floors were viewed, including the lobby, visitation, master control, private visitation room (used primarily for youths' attorneys), courtyard (includes recreation area), intake and screening process area, kitchen and dining areas, medical clinic, gym and weight room, and the housing units. The facility has 73 cameras, none of which can be trained on shower and toilet areas or areas where detainees change clothing. PREA-related informational posters and the PREA audit notice were observed posted throughout the facility. Additionally, informational pamphlets about PREA and the Sexual Assault Crisis Service were found in virtually every area where staff and youth might be found.

Interviews were conducted with Agency Head, PREA Coordinator, Facility Superintendent, PREA Compliance Manager (also responsible for monitoring for retaliation), Investigative Staff, HR Staff, Agency Contract Administrator, contracted mental health and medical staff, intake and screening staff, case management staff (Classification and Program Officer), first responder staff, and upper level staff responsible for conducting unannounced rounds. Additionally, twelve housing officers were randomly selected and interviewed, as well as twelve youth from the various housing units, who were also randomly selected.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The building is located at 920 Broad Street in Hartford, CT. The facility was constructed in 2004 and is adjacent to the juvenile court. The two-story building is spacious, with open hallways, large windows with considerable natural light, and a technologically advanced control center. The building is accessed through a spacious visitor sign-in area which is adjacent to the control center. The first floor of the building contains the control center, a large intake processing area, a professional staff interview room, a visiting area, the cafeteria, a spacious medical and mental health suite, and an administrative section with staff offices and a conference room. Large, open stairwells connect the first and second floors. The second floor of the building contains housing units, a spacious area for classrooms and school space, a large gymnasium, and office space for the Program and Services Supervisors. Classification and Program Officer offices are located in the housing units for ease of access to the juveniles.

The Hartford Board of Education is responsible for providing the educational program at the Hartford Juvenile Detention Center and subcontracts with Capital Regional Education Council (CREC) to provide on-site educational services. Each juvenile admitted to juvenile detention is enrolled in the detention center school within 48 hours of admission. A CSSD central office Educational Coordinator is assigned to coordinate educational programming in the detention centers, advocacy services, and education related interagency collaboration. Once a juvenile is assessed for grade level, they are assigned to a classroom based upon academic level. A collection of the juvenile's home school records is initiated by the detention school administrator.

Efforts are made to contact a juvenile's guidance counselor in order to receive grades, an IEP and any other relevant school records. The local education agency from a juvenile's town of nexus reimburses for any services rendered. Education is provided by state certified teachers, many of who are also certified in Special Education. Student to staff ratios are kept intentionally low (at about 8:1) in order to provide as much individual attention to juveniles as possible. School social workers are available on site to meet with juveniles as their needs dictate. Juveniles receive school credit for participating in academic classes. Upon discharge, a juvenile's grades, number of school days attended and progress reports are sent to the juvenile's home school by the detention school administrator. This is done to ensure that a juvenile is not penalized by their home school and classified as "absent" for being in detention. "Raise the Grade" legislation has been passed in Connecticut requiring collaborative action by the Department of Children and Families, State Department of Education, and local public schools so that all juveniles in state care receive a high quality education. Summer enrichment programs exist to ensure a continuous educational experience. Report card conferences are held in conjunction with the Detention Program & Services staff. Families have the opportunity to meet with their child's teacher(s) and discuss academic progress. A juvenile's family is also encouraged to bring in class work from their home school. The teacher then integrates a student's regular academic work into the school curriculum.

The facility has a complement of counselors, i.e., Classification and Program Officers (CPO) available during the day, at night and on the weekends who are responsible for providing support, crisis intervention, case management services, and monitor for any signs of retaliation in cases where sexual abuse or sexual harassment has been alleged. CPOs are responsible for ensuring that the intake screening process is completed on each newly admitted juvenile within 24 hours. The intake process consists of screening for safety and security, medical and mental health concerns (especially suicidal ideation), and educational and family background. Once the assessment process has been completed, the CPO will consult with the mental health clinician, DCF liaison, probation officer and any other interested party to develop an evaluation recommendation to the court if significant mental health concerns have been identified. This recommendation is provided to the court at the juvenile's initial detention hearing. The CPO is also responsible for developing a Special Needs Plan on any juvenile who requires a highly individualized management program. The CPO works closely with the healthcare and detention staff to ensure the plan keeps the juvenile, staff and other juveniles safe. Additionally, CPOs are responsible for approving and coordinating visits with the juvenile's family, ensuring that the juvenile is partaking in activities in the facility, coordinating communication with the juvenile's attorney, probation officer and other parties as necessary, and assisting Probation with the discharge planning whenever possible. The facility provides a complement of programs to orient the juvenile to the facility and the juvenile justice system, to support the juvenile in skill development, and to foster positive peer, family and staff relationships.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 5

Number of standards met: 34

Number of standards not applicable: 2

§115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

It is important to note that this juvenile detention facility is operated under the authority and control of the Connecticut Judicial Branch. It does not operate under the operational control of the state's Executive Branch. Nevertheless, the leadership of the Judicial Branch has made an unqualified commitment to meeting all of the requirements of PREA. This is reflected in the fact that there is a PREA Policy for the entire agency and a separate, dedicated Policy (8.524) that is specific to the operation of the juvenile detention facility. These policies are specific and address all of the requirements of the Standard. Additionally, Judicial Branch Policy 607 addresses the prohibition of sexual harassment, as well as how to report and the procedures for investigating allegations. Policy 2.11 details all prohibited behaviors, including all forms of sexual abuse and sexual harassment.

In the same vein of unqualified commitment to PREA compliance there are two PREA Coordinators for the agency and one for the Court Support Services Division (CSSD), all of whom are very knowledgeable, regarding the requirements of PREA, and all of whom report they have sufficient time and authority to develop, implement, and oversee agency efforts to comply. This knowledge and authority was evident throughout the audit.

The PREA Compliance Manager for the facility is equally knowledgeable, regarding PREA and reports she has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. This was evident throughout the on-site phase of the audit.

§115.312 Contracting with other entities for the confinement of residents

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The State of Connecticut Judicial Branch requires that for all new contracts for the confinement of residents, PREA compliance is required. The Connecticut Judicial Branch allows the use of step down facilities for juveniles from the state detention centers while on pre-trial status. All new contracts and existing contractors have received notice of the requirement of compliance with PREA. Since August 20, 2012, the Judicial Branch has entered into two contracts with Community Partners in Action (CPA) for the BRAVE and SOAR community residential programs. Both the BRAVE and SOAR Community Residential Program contracts require CPA to adopt and comply with PREA standards. The Judicial Branch Court Support Services Division is required to monitor

CPA compliance with PREA standards through identified contract monitors. These monitors perform regular site visits to the various sites several times each month and review compliance with specific PREA indicators. Each of the facilities is required to report all allegations of sexual abuse or sexual harassment to the monitors and the CSSD PREA Coordinator.

§115.313 - Supervision and monitoring

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility has a comprehensive staffing plan that encompasses all the required elements of the Standard, and was most recently reviewed in 2014 (as required by Policy 8.524). Policy 8.105 details minimum staffing levels and provides for a mandatory holdover of staff, if needed, to maintain the minimum staffing ratio at all times. A review of the duty rosters and interviews with both supervisory and housing staff confirmed adherence to the plan and policy. [Note: The *Emily J. Consent Decree* requires that the facility be staffed at 1:8 during day and evening shifts.]

During the Pre-Audit phase it was determined that Policy 8.309, regarding security checks, inspections, and administrative tours, was not sufficiently clear with respect to unannounced rounds. The policy requires supervisory staff to conduct daily inspections of all areas of the facility, and requires the Superintendent or designee to conduct weekly inspections. Language specifically addressing unannounced rounds, documentation of rounds, and a prohibition against alerting other staff that unannounced rounds are taking place was added to the policy prior to the On-Site phase of the audit. [Note: The Staffing Plan requires that some of these inspection tours be random and unannounced.]

Review of various logbook entries and interviews with supervisory and housing staff confirmed that unannounced rounds are conducted throughout the day and that they are not alerted in advance. It is clear that from review of logbook entries and staff interviews that unannounced rounds were being conducted well before Policy 8.309 was revised on November 13, 2014.

§115.315 – Limits to cross-gender viewing and searches

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.311 states that strip searches and frisk will be conducted by a staff member of the same gender as the juvenile being searched, even in exigent circumstances. Non-medical staff do not conduct body cavity searches. Interviews with staff and detainees confirmed the practice.

Policy 8.542 states that juveniles shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The policy also requires staff of the opposite gender to announce their presence when entering a juvenile housing unit. All the detainees interviewed stated they are provided privacy when showering, performing bodily functions, and changing clothes. All staff and detainees confirmed that staff consistently announce their presence when entering a housing unit. Also, logbook entries reviewed documented the practice.

Policy 8.418 states that LGBTQI juvenile will not be physically searched in a manner that is humiliating or degrading or for the sole purpose of determining the juvenile's physical anatomy, and if the juvenile's gender is unknown, it will be determined during conversations with the juvenile, by reviewing medical records, or as part of a broader medical examination conducted in private by a medical practitioner. Interviews of staff and medical practitioners confirmed the practice. Review of the training slides confirmed that staff are properly trained in this regard. All staff interviewed confirmed that all strip searches are conducted by staff of the same anatomical sex as the juvenile in accordance with Policy 8.311. Policy 8.418 was revised during the audit to allow consideration of the juvenile's preference of being searched by a male or female staff.

§115.316 – Residents with disabilities and residents who are limited English proficient

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.413 states that detainees will be provided the right to reasonable accommodations to allow them to have similar opportunities as non-disabled detainees. Policy 8.524 states that staff will orally convey all written information to juveniles who have limited reading skills or are visually impaired. The practice was confirmed in interviews with intake and case management staff. Documentation reviewed confirmed the facility has access to ASL signing services.

Documentation reviewed confirmed that the facility utilizes Language Line interpreter services. All staff interviewed reported knowledge that they are prohibited from utilizing detainees as interpreters. They stated that the interpreter resources available to them included the Language Line or staff who spoke the applicable language. One staff could not identify any resource, but stated that he would request assistance from his supervisor and would not use a detainee interpreter under any circumstance. PREA and Sexual Assault Crisis Service posters and pamphlets are available in English and Spanish versions, and are available throughout the facility.

An agency policy dated May 2013 [Policy Statement Regarding Limited English Proficiency] details the agency's procedures for providing interpreter and translator services to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English.

§115.317 – Hiring and promotion decisions.

Overall Determination:

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy states that it will not hire, appoint, or promote anyone who may have contact with individuals in the custody of the Branch, who has engaged in, or has attempted to engage in, sexual abuse. Further, agency Policy 607 requires all supervisors and managers to keep the workplace free of sexual harassment, monitor working conditions to detect and stop sexual harassment, and report complaints to those responsible for resolving them. Incidents of sexual harassment will be considered in determining whether to hire, appoint, or promote anyone, or enlist the services of any individual contractor, who may have contact with individuals in the custody of the Branch.

Human resource staff conduct a comprehensive criminal background check that includes checking references, as well as a review of an applicant's criminal record, if any. The form used for this purpose, JD-ES-285, includes a Candidate PREA Disclosure section that complies with the Standard. All applicants are required to certify that all statements are true and that misstatements of facts may result in termination. All contractors are subject to a comprehensive background check, including a search of the DCF and CPS databases.

Criminal background checks of all employees and contractors are conducted annually, which exceeds the requirement of the Standard. Agency policy requires all employees who have contact with individuals in the custody of the Judicial Branch to report by the next business day if they have engaged in or attempted to engage in sexual assault.

Recognizing that applicable state law and court rulings may change over time, the Judicial Branch policy states that to the extent permitted by law at any given time, information on substantiated allegations of sexual abuse and sexual harassment involving former and current employees will be provided upon request from institutional employers for whom such employee has applied to work.

§115.318 – Upgrades to facilities and technology.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency has not acquired a new facility or made a substantial expansion or modification to the facility since August 20, 2012. The facility has added a number of cameras as the result of both facility inspections and incident reviews.

§115.321 – Evidence protocol and forensic medical examinations.

Overall Determination

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The Connecticut State Police serve as the investigating authority for all allegations of sexual abuse that occur within a Judicial Branch facility. The protocol utilized in these investigations is mandated by state law at Sec. 19a-112a, Connecticut General Statutes. The protocol is supplemented by a set of guidelines for investigating sexual assaults that have been reported by inmates of Connecticut confinement facilities.

All administrative investigations are conducted by the Branch's Human Resources Management Unit, which bases its protocol on the National Protocol for Sexual Assault Medical Forensic Examinations – Adults/Adolescents, Second Edition (April 2013). These investigations are initiated at the facility level. The facility PREA Compliance Manager and several other facility staff have successfully completed the NIC Investigating Sexual Abuse in a Confinement Setting course.

Policy 8.524 details the procedures facility staff are to use, if the abuse occurs within a time period that still allows for the collection of physical evidence. This basically involves preserving as much evidence as possible and securing the scene. All staff interviewed were very knowledgeable about these procedures and reported they are trained every year on these procedures.

The facility uses either Hartford or St. Francis Hospitals for forensic exams. Both hospitals participate in the Gail Burns-Smith Sexual Assault Forensic Examiners (SAFE) Program. Policy 8.501 prohibits co-payments for access to all health care provided by the facility.

The CSSD has entered into a Memorandum of Agreement with the Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS) for the provision of crisis services and victim advocates. Policy 8.524 requires staff to offer detainees victim advocacy services. Brochures and posters containing the COONSACS Hotline telephone numbers were viewed throughout the facility. Most detainees interviewed stated they had received the brochure at intake or had seen the brochures and posters in their living units and in the dining hall.

§115.322 – Policies to ensure referrals of allegations for investigations.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Agency and facility policy requires all employees to report as soon as practical all allegations of sexual abuse and sexual harassment that occur within a Judicial Branch facility, which in turn are

referred to the Connecticut State Police, if the allegation involves potentially criminal behavior. This policy may be found on the agency's website. The unit PREA Coordinator initiates all administrative investigations, which are conducted by the Human Resources Management Unit.

State Police guidelines detail the procedures its investigators will use in conjunction with the facility in conducting its investigations.

The facility investigated four allegations of sexual harassment during the prior twelve months. Review of the investigative files indicated that each allegation was thoroughly investigated, and each was determined to be unfounded. During the investigation of one of these allegations the investigator inspected the area where the alleged harassment occurred, and although the allegation was unfounded, the investigator recommended that a camera be installed in that area, since it could be considered a blind spot. A new camera was installed in this area.

§115.331 – Employee Training

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 requires all staff, volunteers, contractors, and educators who have contact with juveniles to be trained on the agency and facility zero tolerance policies for sexual abuse and sexual harassment. This training is very comprehensive and contains all the elements required by the Standard, and is provided annually. All staff interviewed reported that they have completed this training, either in Pre-Service or In-Service annually. A sample of training records reviewed confirmed that staff received the training.

§115.332 – Volunteer and contractor training.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 requires all staff, volunteers, contractors, and educators who have contact with juveniles to be trained on the agency and facility zero tolerance policies for sexual abuse and sexual harassment. The type of training each receives is reflected in a chart that details the specific content of required training. Contract staff interviewed also reported receiving the training when first hired. Documentation of this training was also reviewed and confirmed the completion of their respective training requirements.

§115.333 – Resident education.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 states that all juveniles entering detention will be provided during the intake process with information from a staff member about the Judicial Branch’s zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Each juvenile receives a comprehensive “Know Your Rights” pamphlet written in English and Spanish detailing important PREA-related information and an informational pamphlet on the availability of services from the Sexual Assault Crisis Service, also written in English and Spanish. They also receive a Juvenile Handbook which also explains the zero tolerance policy. Intake staff interviewed described the various methods they use to ensure juveniles understand their rights in this regard, including the use of staff interpreters, the Language Line, and ASL services, as needed. The PREA pamphlet is reviewed again during the Detention Center Orientation Program which occurs within three days of intake.

Detainees who were interviewed confirmed they received these education materials and understood their rights, including how to report an allegation. Documentation of resident education is maintained in each detainee’s file and includes a signed Juvenile Acknowledgement of Receipt of PREA information at intake, a separate signed Orientation Acknowledgment Form, and a Group Attendance Sheet on which each detainee participating in the group (which includes PREA information) is listed.

Posters and signs containing PREA-related information and Hotline telephone numbers are posted in every living unit and elsewhere in the facility. PREA, Youth Handbooks, and Sexual Assault Crisis Service information pamphlets are available in the living units and virtually every area where youth are allowed to be.

§115.334 – Specialized training: Investigations.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility PREA Compliance Manager and several other staff successfully completed the NIC Investigating Sexual Abuse in a Confinement Setting course. Certificates of successful completion are maintained in each staff’s personnel file.

§115.335 – Specialized training: Medical and mental health care.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

All medical and mental health staff are contracted. Policy 8.524 requires that they receive specialized training with respect to sexual abuse and sexual harassment. These staff receive the same Pre-Service PREA training as facility employees and all successfully completed either the NIC Medical Health Care for Sexual Assault Victims in a Confinement Setting or the NIC Behavioral Health Care for Sexual Assault Victims in a Confinement Setting, as appropriate to their function. Course Completion Certificates are maintained in the contracts file at the facility.

Medical staff at the facility do not conduct forensic examinations.

115.341 – Obtaining information from residents.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.106 states that the facility will implement a continuous classification system to identify and divide juvenile into groups that reduce the possibility of sexual victimization and abusiveness, assault and disruptive behavior. Policy 8.532 requires staff to participate in weekly multidisciplinary medical and mental health case review meetings to communicate significant information about the detainee. Minutes of these meetings are kept and were reviewed by this auditor.

At the beginning of the audit the facility utilized a PREA Classification screening instrument that was determined to be objective. During the audit, the instrument was revised and greatly improved by adding additional detail for the screener to consider. The revised instrument contains all of the required elements of the Standard, as required by Policy 8.106. Other relevant documentation is reviewed, as well. A sample of classification screenings was reviewed. All were completed within twenty-four hours of intake.

Policy 8.505 requires that all health records stored in the facility be maintained under secure conditions, separate from confinement records. All information contained in records is allowed to be accessed on a need to know basis.

115.342 – Placement of residents in housing, bed, program, education, and work assignments.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The Classification screening instrument contains a section where housing type and location recommendations are made. A juvenile who scores as high risk on any risk factor must be placed in single room only status and a Special Needs Treatment Plan must be implemented.

During the audit it was determined that while the facility prohibited isolation in practice; however, facility policy did not address isolation, as being allowed or prohibited. To avoid any confusion in this regard, the agency revised Policy 8.106 to prohibit isolation. The Policy further states that no juvenile will be required to have a single room and/or be prohibited from being assigned a low security setting based solely on declared or assumed sexual orientation or sexual victimization.

The facility has a dedicated policy, 8.418, that prohibits discriminatory practices for LGBTQI juveniles. It specifically states that juveniles will not be prohibited from having a roommate based on a juvenile's actual or perceived sexual orientation, and that LGBTQI juveniles will not be treated or classified as sex offenders unless there are documented court charges. The Policy further states that housing decisions for transgender or intersex juveniles will be considered on a case-by-case basis whether the placement would ensure the juvenile's safety, and whether the placement would present management or security problems.

Documentation regarding a transgender detainee held at the facility in July 2014 reflected a thoughtful review of the detainee's request to be placed in the female living unit and to wear female clothing that was in full compliance with facility policy in this regard. Both requests were approved, as being in the best interest of the detainee's safety and well-being.

Policy 8.201 requires that each detainee's case, including transgender juveniles, be reviewed weekly. Case notes and meeting minutes were reviewed and confirmed the practice.

Policy 8.418 states that the juvenile's perception of where he or she will be most secure will be taken into account. The serious consideration and approval of the transgender juvenile's requests, mentioned above, is ample evidence that the facility complies with its policy and the requirements of the Standard. This policy also requires staff to allow transgender and intersex juveniles to shower separately from other residents, as well as to have privacy when dressing and undressing.

115.351 – Resident reporting.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility provides detainees with multiple internal ways to report allegations of sexual abuse and sexual harassment. These include a formal grievance system that is detailed in Policy 8.403. Additionally, detainees can file a written complaint with the DCF Detention Liaison (DCF Communication Box observed in the dining area) who checks the box whenever in the facility and documents the check, and with the CSSD Ombudsman (Communication Box observed in the dining area, as required by Policy 8.403), and are also allowed to submit a sick call slip (i.e., health services grievance). Most of the detainees interviewed could articulate one or more of these ways to report. Several of the detainees mentioned the posted posters in the living units, as a source of information on reporting. All of the detainees interviewed stated that telling a staff member would be their preferred method of reporting. All of the detainees interviewed who had made a request for grievance forms and pencils reported that staff provided those to them.

The facility provides two ways detainees can report to an outside agency. As mentioned above, they can submit a report to the DCF Detention Liaison, and they can contact the Sexual Assault Crisis Services (operating under an MOA with the CSSD). During the admission intake process detainees are advised of their rights and sign a form that they have been advised. One of the rights on the form informs a detainee that if he or she is not a citizen of the United States, he or she has the right to have his or her consulate notified.

Policy 8.524 requires all staff to immediately report any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment that occurred either in a facility or in the community. The policy further states that staff will accept all verbal, written, and anonymous reports, including those from third parties. All staff interviewed confirmed their understanding of this policy and that they are mandated child abuse reporters under state law. All but two staff stated that they could make a private report of sexual abuse or sexual harassment.

115.352 – Exhaustion of administrative remedies.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.403 addresses detainee grievances. The policy contains a separate section, regarding PREA grievances that distinguish it from the standard grievance procedures. No time limit on submitting a grievance is required, and detainees are not required to use any informal process to resolve an alleged incident of sexual abuse. This information is provided to detainees in their Handbook. All grievances are directly placed by the detainee in the locked box located in the dining area. Detainees are not required to submit grievances to staff. Grievance forms are available in the living units.

Policy 8.403 contains the 90 day time frame required by the Standard; however, very few juveniles are held in the facility for that period of time. In recognition of the shorter lengths of stay the policy requires that the facility Superintendent or designee must respond within 48 hours (excluding weekends). The original grievance and the response is returned to the detainee.

Policy 8.403 also permits third parties (fellow detainees, staff members, family members, attorneys, and outside advocates) to assist detainees in filing grievances or to submit a grievance on behalf of a detainee. The policy also contains a process for the filing of emergency grievances that meets the requirements of the Standard. Finally, the policy states that a juvenile will not receive formal or informal negative consequences for submitting a grievance in good faith.

No grievances alleging sexual abuse were submitted during the previous twelve months. Several grievances alleging sexual harassment were reviewed and found in compliance with the policy. None of the detainees interviewed reported submitting a grievance alleging sexual abuse or sexual harassment. All but two detainees were represented by legal counsel, and these youth stated that they would ask their lawyer for assistance, if they wished to file a grievance.

115.353 – Resident access to outside support services and legal representation.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

As reported above, the CSSD has entered into an agreement with the Connecticut Sexual Assault Crisis Services agency. The 24-hour toll free telephone numbers are provided in the PREA brochure, a separate brochure provided by the CONNSACS, and on posters in the living units.

Interviews with specialized staff confirmed that they provide notice to detainees that they are mandated child abuse reporters and that they are required to report if the detainee threatens to harm him/herself or other persons. Policy 8.505 directs staff to make this disclosure. Written notice that all staff and providers are mandated reporters is posted in several areas of the facility.

All detainees interviewed who were being represented by legal counsel confirmed that they have access to their lawyers whenever they request it. The facility has a designated room where detainees and their lawyers can have a confidential conversation.

115.354 – Third-party reporting

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 requires the facility to accept all verbal, written, and anonymous reports from any source, including third parties. Notice of how to report allegations are posted in the lobby and other areas of the facility. Similar information is provided in the PREA pamphlet which is given to all visitors.

115.361 – Staff and agency reporting duties.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

During the Pre-Audit phase it was determined that Policy 8.524 did not include requirements to report retaliation or staff neglect or violations of responsibilities. The policy has since been revised to add these two requirements. The policy does require all staff to comply with state mandatory child abuse reporting laws, and all staff interviewed confirmed their understanding of this requirement. They also confirmed their understanding that they must treat reports confidentially, as required by the policy.

Also during the Pre-Audit phase it was determined that Policy 8.524 did not include the requirement that medical and mental health staff inform detainees at the initiation of services of their duty to report and the limits of confidentiality. The policy was revised to include this requirement; however, all the medical and mental health staff interviewed knew of this requirement and reported that this was their practice even before the policy was revised.

Policy 8.524 contains all of the other reporting requirements of the Standard. All staff interviewed indicated they understood their responsibilities as mandated abuse reporters. The facility PREA Compliance Manager is the initial investigator within the facility and confirmed she immediately reports any allegations to the agency PREA Coordinator and investigators.

115.362 – Agency protection duties.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.106 details the protective actions taken at the facility if it learns that a detainee is subject to a substantial risk of imminent sexual abuse. The primary method detailed is to house the detainee in a single occupancy room. During interviews with specialized and random staff other methods were discussed, including changing living units and transfer to another facility. All staff interviewed were aware of their responsibility to act immediately in any situation where a detainee might be harmed.

115.363 – Reporting to other confinement facilities.

Overall Determination:

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

Agency policy requires that if an employee learns that an individual in the custody of the Judicial Branch was sexually abused while confined at another facility, the employee must contact their Unit's PREA Coordinator as soon as practical. The Unit PREA Coordinator must then notify the head of the facility where the alleged sexual abuse occurred, as soon as practical, but no later than 72 hours, and also contact the Branch PREA Coordinator. Facility Policy 8.524 places this same responsibility on facility staff, as previously detailed, above. The policy further requires the facility Superintendent or designee to make a written report to the facility head where the alleged incident occurred.

115.364 – Staff first responder duties.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility has a written Institutional Response Plan that meets the requirements of the Standard. The Plan assumes that all staff are potential first responders, and all staff interviewed could state the procedures they are to follow in the role of a first responder. A review of the Pre-Service and In-Service training curriculum confirmed that these procedures are thoroughly discussed during training.

115.365 – Coordinated response.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility has a written Institutional Response Plan that meets the requirements of the Standard.

115.366 – Preservation of ability to protect residents from contact with abusers.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- NA This Standard is not applicable.

Auditor Comments (including corrective actions needed if it does not meet standard)

The agency has not engaged in any collective bargaining since August 20, 2012.

115.367 – Agency protection against retaliation.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 requires that staff and juveniles who report sexual abuse or harassment, or those who cooperate with sexual abuse or sexual harassment investigations be protected from retaliation. As revised during the audit, the facility Classification and Program Officer will monitor the conduct and treatment of juveniles who filed the report, and the facility PREA Compliance Manager or designee will monitor the conduct and treatment of staff who filed the report. The initial monitoring period is 90 days; however, the monitoring period may be extended, if issues arise.

Four protection measures are detailed in Policy 8.524. These are implementing changes in housing for juveniles; removal of the alleged staff abuser pending investigation; transfer of juvenile abusers; and, providing support services for detainees or staff who fear retaliation.

The facility conducts weekly case reviews for each detainee. Interviews with specialized staff indicated that in the event of a concern for retaliation against a detainee, the status of the detainee in this regard would be reviewed on a weekly basis.

115.368 – Post-allegation protective custody.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- X This Standard is not applicable.

Auditor Comments (including corrective actions needed if it does not meet standard)

The facility has a policy prohibiting the use of isolation or segregation under any circumstances.

115.371 – Criminal and administrative agency investigations

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 requires that all allegations of sexual abuse and sexual harassment must be referred for investigation. This includes third-party and anonymous reports. The policy states that the facility Compliance Manager will initiate the investigation of all juvenile on juvenile allegations of sexual harassment, complete a PREA Incident Report, and inform the Branch PREA Coordinator. The facility PREA Coordinator and several other facility staff have successfully completed the NIC investigation course (as reported above), and Certificates are on file at the facility.

The policy also states that an investigation will not be terminated solely because the source of the allegation recants the allegation. In the interview with the facility PREA Compliance Manager it was stated that all staff and detainees who make a report are presumed to be credible. This was evidenced in the four incident reports reviewed. The investigation findings were based on demonstrable facts, not on who made the report. Also, the CSSD PREA Coordinator confirmed in writing that that the Division does not require juveniles who make any allegations to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation of the allegation. This is supported by state law Chapter 961, section 54-86(j).

Agency policy states that administrative investigation reports must include whether the alleged incident of sexual abuse, sexual harassment, or retaliation was the result of employee misconduct or negligence. This policy also requires that substantiated allegations of conduct that appear to be criminal must be referred to the State Police. Policy 8.524 states that the departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating the investigation. Finally, the policy states that facility staff are to fully cooperate with outside agencies conducting sexual abuse investigations.

State record retention rules require that PREA administrative investigation files be retained for five years from the date the alleged abuser is released from the custody of the Branch or employed by the Branch. All PREA data must be retained for ten years.

115.372 – Evidentiary standards for administrative investigations

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

The interview with the Division Human Relations staff confirmed that the evidentiary standard used is the preponderance of the evidence.

115.373 – Reporting to residents.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 states that the Health Care Liaison is responsible for informing a detainee of the outcome of the investigation, and whether the allegation has been substantiated, unsubstantiated, or unfounded. All four allegations investigated during the previous twelve months were unfounded and documentation reflected that the detainee was notified of the finding in each instance. This Policy also includes all of the remaining elements of the Standard.

115.376 – Disciplinary sanctions for staff.

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Agency policy states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination. The sanction for a substantiated finding of sexual abuse is presumed to be termination in that such criminal charges usually result in incarceration. In any event, the Judicial Branch Supervisor’s Guide to Corrective Discipline states that the type of disciplinary action taken in a specific case depends on a number of variables and should be commensurate to the nature and circumstances of the acts committed, among other considerations.

Agency policy requires all allegations of sexual abuse to be reported to the Connecticut State Police, regardless of whether the staff resigns or is terminated. This was confirmed in the interview with the Branch Investigator.

115.377 – Corrective action for contractors and volunteers.

Overall Determination:

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Agency policy clearly states that any Judicial Branch volunteer or intern who engages in the sexual abuse or sexual harassment of an individual in the custody of the Judicial Branch will be terminated. Further any contractor who engages in similar behavior will be subject to contract cancellation. The CSSD Human Relations staff stated during the interview that all substantiated findings would be reported to applicable licensing authorities.

115.378 – Disciplinary sanctions for residents

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.313 addresses disciplinary sanctions for detainees and complies with the requirements of the Standard. As mentioned, above, Policy 8.106 was revised during the audit to clarify that the facility does not use isolation or segregation. Policy 8.524 states that the disciplinary process must consider whether a detainee’s mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, will be imposed.

The facility offers a variety of therapeutic services that are consistent with the relatively short lengths of stay at this facility. Most common are crisis intervention and counseling. This was confirmed in interviews with mental health staff. Provision of these services is not conditional or qualified in any manner.

Policy 8.524 and agency policy mirror virtually verbatim the remaining elements of the Standard. It should be noted that all detainees interviewed who expressed an opinion regarding discipline in the facility reported that they believed staff were fair in assessing sanctions.

115.381 - Medical and mental health screenings; history of sexual abuse

Overall Determination:

Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

The screening instrument used by the facility documents any history of victimization or abusiveness. For youth who have such a history a mental health evaluation is conducted within seven days. This information is strictly controlled and can only be accessed on a need to know basis.

During the Pre-Audit phase it was determined that neither agency nor facility policy addressed the requirement that medical and mental health staff obtain informed consent from detainees 18 years of age or older before reporting information about disclosed prior sexual victimization. A revision to Policy 8.524 was made to include this requirement.

115.382 - Access to emergency medical and mental health services

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Medical and mental health staff reported during interviews that detainees would receive the emergency services detailed in the Standard, as required by Policies 8.524 and 8.555. Health services are provided either on-site or on-call 24/7. As reported above, Policy 8.501 and state law prohibits the imposition of co-payments or costs to detainee victims.

115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 states that detainees will be provided immediate referrals to the local hospital for acute care, if needed. Also, referrals will be made to licensed mental health professionals and outside support services, such as the Sexual Assault Crisis Service, as needed. Policy 8.568 requires facility staff to assess the need for ongoing care and services in the area where the juvenile resides. The policy also requires medical staff to coordinate with community health providers for medical appointments or follow-up, as needed.

Policy 8.522 addresses reproductive health care services for detainees and specifically states that a pregnancy test will be administered upon request of the detainee. The policy also states that detainees will be treated on-site or referred to community agencies that provide family planning services, and that pregnant detainees will be given comprehensive counseling and assistance, as requested. Further, screening and treatment for STDs are provided. All services are provided without charge, as required by facility policy and state law previously cited.

115.386 – Sexual abuse incident reviews

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 requires the Unit PREA Coordinator to complete a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including both substantiated and unsubstantiated findings. All four allegations during the previous twelve months were investigated and determined to be unfounded, thus no reviews were required.

115.387 – Data collection

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 directs the CSSD PREA Coordinator to collect data for every allegation of sexual abuse at facilities and aggregate the data annually and forward data regarding allegations of sexual abuse at juvenile detention centers to the Judicial Branch PREA Coordinator. The Judicial Branch PREA Report for 2013 was reviewed and found to meet all the requirements of the Standard.

115.388 – Data Review for Corrective Action

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Policy 8.524 mirrors the requirements of the Standard. The Branch's 2013 PREA Report contains a summary of activities and future goals, but since it is the agency's initial annual report, no comparisons were possible. The Report was signed and approved by Judge Carroll and posted on the agency's website in July 2014.

115.389 – Data Storage, Publication, and Destruction

Overall Determination:

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

Auditor Comments (including corrective actions needed if it does not meet standard)

Data are stored in secure file cabinets located in the facility PREA Compliance Manager's office. The aggregated data from facilities under the agency's control is included in the agency's 2013 PREA Report and is available on the agency's website. State record retention rules require data to be retained for ten years.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review.



Auditor Signature

12/10/2014

Date