

PREA Facility Audit Report: Final

Name of Facility: Hartford Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/17/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Elaine Brideschge	Date of Signature: 02/17/2021

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Email:	ebridsch@courts.az.gov
Start Date of On-Site Audit:	01/21/2021
End Date of On-Site Audit:	01/21/2021

FACILITY INFORMATION	
Facility name:	Hartford Juvenile Detention Center
Facility physical address:	920 Broad St, Hartford, Connecticut - 06106
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Judith DAlessandro
Email Address:	Judith.Dalessandro@jud.ct.gov
Telephone Number:	860-244-7963

Superintendent/Director/Administrator	
Name:	Karl Alston
Email Address:	Karl.Alston.jud.ctgov
Telephone Number:	860-244-7985

Facility PREA Compliance Manager	
Name:	Judith DAlessandro
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Telephone Number:	O: 860-244-7961

Facility Health Service Administrator On-Site	
Name:	Jeffrey Davis
Email Address:	Jeffrey.Davis@jud.ct.gov
Telephone Number:	860-721-2161 ext 219

Facility Characteristics	
Designed facility capacity:	88
Current population of facility:	18
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12yrs-17 yrs
Facility security levels/resident custody levels:	High security
Number of staff currently employed at the facility who may have contact with residents:	137
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION	
Name of agency:	Connecticut Judicial Branch Court Support Services Division
Governing authority or parent agency (if applicable):	
Physical Address:	455 Winding Brook Dr, Glastonbury, Connecticut - 06033
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Patricia Nunez	Email Address:	patricia.nunez@jud.ct.gov

AUDIT FINDINGS

Narrative:

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

The PREA onsite audit for Hartford Juvenile Detention Center in Hartford, Connecticut was conducted on January 21, 2021 by Elaine Brideschge, from Valley Farms, Arizona, a U.S. Department of Justice certified PREA Auditor for Juvenile Facilities. The purpose of the audit was to determine the degree of compliance with the Federal Rape Elimination Act (PREA) standards. On December 2, 2020, an initial pre audit meeting occurred between the auditor and the PREA Coordinator, Patricia Nunez, to discuss the audit process. On December 15, 2020 a telephonic conference call was scheduled with the Compliance Manager to review expectations and gather preliminary facility characteristics and logistical information. On December 7, 2020, approximately six weeks in advance of the onsite audit, the facility posted a Notice of Audit, provided by the auditor, throughout the facility announcing the upcoming audit. The Notice explained the purpose of the audit and provided juveniles, staff, and visitors with the auditors contact information. The Notice of Audit was written in English and in Spanish. The facility dated the Notice of Audit with the date it was posted, and the auditor was emailed dated photos of the displayed Notice of Audit.

Pre-audit preparation included a thorough evaluation of all documentation and materials electronically submitted by the facility into the PREA Resource Center's Online Automated System (OAS), along with supporting documentation included in the pre-audit questionnaire. The documentation reviewed by the auditor included agency policies, procedures, forms, education materials, training curriculum and rosters, posters, brochures, and other relevant materials to determine compliance with the PREA standards. This review prompted questions and a request for additional documentation in the form of an issue log that was submitted to staff for review and clarification. Responses were submitted to the auditor in a timely manner and prior to the onsite audit. Additional documentation was also submitted by the facility in advance of the audit. The onsite portion of the audit was conducted over a one-day period. The auditor held an entrance meeting to review the audit agenda and discuss the audit process with facility leadership. The auditor was provided a roster of current juveniles and staff that were assigned to work that day. Rosters were utilized to select random staff and juveniles to be interviewed.

Following the entrance meeting, an extensive facility tour was conducted which included observation of facility configuration, staff supervision of juveniles, lobby, housing, intake, classrooms, medical, visitation areas, recreation area, dining room, kitchen, and storage and administration areas. The auditor was able to complete a tour checklist following the recommended PRC tour guidelines. The auditor was able to view camera locations, showering areas, toilet facilities, and sleeping rooms. The auditor was able to informally talk to the juveniles and staff. While on the tour, the auditor was permitted full access to all areas of the facility. Notices of the PREA audit was observed posted throughout the facility. The auditor was escorted by the Compliance Manager, and additional facility staff. The auditor conducted interviews with facility leadership, staff, and juveniles. The interviews were conducted consistent with Department of Justice PREA auditing expectations in content and approach utilizing the PREA Compliance Audit Instrument Interview Guides, (i.e. agency director, PREA coordinator, specialized staff, random staff, medical and mental health staff, human resource staff, investigators, and residents). The auditor was

able to ask additional questions to personnel and juveniles to gain more information about certain practices of the facility. In addition, the auditor was able to verify through interviews specific protocols and clarify documentation submitted.

The juveniles were selected randomly to interview by the auditor using a current juvenile roster. The auditor selected juveniles from all occupied housing units, to include interviews with 7 random juveniles. At the time of the onsite visit, there were 15 juveniles listed on the daily roster, however the auditor was only able to interview 7 juveniles, as 8 were being quarantined due to COVID exposure. Those quarantined had limited access for movement and were held in a self-contained unit. There were no juveniles to interview that met the criteria for residents who reported sexual abuse while at the facility, residents who disclosed prior sexual abuse, residents who are limited English proficient, disabled, lesbian, gay, bisexual, transgender or intersex. As well, there were no juveniles held in isolation. Juveniles were interviewed using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their knowledge on a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to juveniles to report sexual abuse and sexual harassment. The auditor was able to ask additional questions to juveniles to gain more information about certain practices of the facility. In addition, the auditor was able to gather information through interviews regarding facility practices that occur in the environment.

Twelve random staff members were interviewed representing day and night shifts and 21 staff were interviewed in specialty areas. The auditor selected staff randomly and by specialty using a current staff roster and a completed specialty staff form. The auditor randomly selected staff per each shift, position assignment, and gender. Selected staff were interviewed using either random or specialty area interview questions. The staff were questioned using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to juveniles and staff, the response protocols when a juvenile alleges abuse, and first responder duties. Specialty interviews were comprised of a representation of staff who has acted as first responders, intake staff, and shift supervisors who conduct unannounced rounds. The auditor also interviewed specialty staff to include medical staff, mental health staff, human resources staff, staff that monitor retaliation, investigators, and staff who perform risk assessments. The Executive Director (agency head), Superintendent, Program Manager (PREA Coordinator), PREA Compliance Manager, and members of the Sexual Abuse Response Team were also interviewed. The facility's leadership accommodated the auditor's request to interview specific staff and arranged juvenile supervision while staff were participating in the interview process. Interviews were also conducted with a volunteer, a contractor, and Connecticut Alliance to End Sexual Abuse.

The auditor reviewed 7 juvenile case records randomly selected by the auditor utilizing a juvenile roster provided to the auditor by the facility to evaluate screening and intake procedures, resident education, and other general programmatic areas. The auditor randomly selected and reviewed 4 employee files, along with employee training logs to determine compliance with training mandates and background check procedures. The auditor reviewed training records for volunteers and contractors. There were no investigation files to review. On the final day of the onsite audit, a debriefing was held with the facility's leadership staff. The purpose of the meeting was to summarize preliminary audit findings, next steps of the audit process, and to provide specific feedback to include strengths and recommended areas of improvement as it relates to PREA standards.

AUDIT FINDINGS

Facility Characteristics:

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

Hartford Juvenile Detention Center is a single, secured facility for male and female juveniles between the ages of 12-17. The average length of stay for juveniles is one-two weeks. In the past 12 months, the facility has admitted 264 juveniles, while 127 of those juveniles were detained for over 72 hours and 95 juveniles had a length of stay over 10 days. Currently, the facility employs 137 staff who may have contact with juveniles. The facility has 5 contractors and 15 volunteers authorized to enter the facility.

The two-story facility has a designed capacity of 88 with four units, A, B, C, and D. Units are located on the second floor, along with 6 classrooms with 2 private bathrooms, a gymnasium with a single, private bathroom, and a library. Each unit contains a total of 11 sleeping rooms, including a constant observation room and an ADA room with a toilet and shower, and 3 single use restrooms with showers. Each sleeping room contains two beds. Each unit contains two phones for juvenile's use. Sexual abuse hotline reporting numbers were posted near each phone. The first floor consists of a secure lobby/entrance area with administrative offices, conference rooms, master control room that is monitored by detention officers 24/7, intake area, sally port, laundry room, visitation room, kitchen, dining area, medical and mental health unit, and storage areas.

Secured reporting boxes are located within the dining room for juveniles to submit grievances and DCF communication to the Ombudsman. Writing materials were readily available. The facility has a lobby/front entrance area where visitors enter that is secured with locking doors. The area contained PREA reporting information to receive third party reporting. The facility has a large outdoor recreation area with ample space for outdoor activities. The recreation area is completely enclosed and monitored by direct staff supervision and with cameras. At time of audit, there were no renovated or modified areas of the facility to observe. The facility implements direct podular supervision, where staff visually supervise juveniles. Attorneys can visit juveniles at any time and visitation for families are scheduled. The facility contains a total of 93 cameras, interior and exterior, and are monitored round the clock through Master Control. The auditor did not observe any blind spots within the facility. The auditor did observe zero tolerance posters in English and Spanish displayed throughout the facility.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	5
Number of standards met:	38
Number of standards not met:	0

The facility has exceeded the following standards: 115.317, 115.318, 115.333, 115.341, 115.364.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>Judicial Branch Policy 607 Sexual Harassment in the Workplace states that all employees have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive or disruptive, including sexual harassment. Sexual harassment in the workplace is unacceptable conduct and it will not be condoned. Appropriate disciplinary action will be taken against an employee who engages in such conduct. The policy also states that all supervisors and managers are responsible for keeping the workplace free of sexual harassment, monitoring working conditions to detect and stop sexual harassment, and reporting complaints to those responsible for resolving.</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that the unit PREA Coordinator is a CSSD central office staff person designated by the Executive Director to develop, implement, and oversee CSSD's compliance with national Prison Rape Elimination Act standards. The PREA Compliance Manager is a designated facility staff administrator with authority to coordinate the facility's efforts to comply with the PREA standards. The Facility Compliance Manager is listed as the Deputy Superintendent on the agency organizational chart. This position reports to the Center Superintendent.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Organizational chart</p> <p>PREA Training certificates</p> <p>Interviews were conducted with the PREA Coordinator and the Compliance Manager. Both feel they have enough time to manage all their PREA-related responsibilities. The agency has twelve Compliance Managers, one of which is assigned directly to this facility. The PREA Coordinator interacts with the Compliance Managers through regular email and phone calls, as well as, providing them with ongoing training and resources. When an issue with complying with a PREA standard is identified, the PREA Coordinator works with the Compliance Manager to develop a corrective action plan to work towards compliance with that standard.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed to verify compliance with this standard:</p> <p>The agency has a Request for Proposal agreement with Regions Staff Secure/Regions Secure that contains a section (section II #42) on PREA. It states that the contractor/provider shall comply with the US DOJ final rule for the national standards to prevent, detect, and respond to prison rape under the PREA act of 2003, including its provisions for zero tolerance and employee training. Effective August 1, 2013, any unit of the state or any political subdivision of the state that contracts for or otherwise incarcerates or detains adult or juvenile offenders, shall adopt and comply with applicable PREA community confinement, lockup, and juvenile facility standards with regard to sexual abuse and sexual harassment in lockups, community confinement facilities, and juvenile facilities. Within the RFP, section III (C.20) is a section on PREA indicating that the standards apply to juvenile residential facilities. It also describes the nondiscriminatory practices for LGBTQI juveniles.</p> <p>The agency submitted a memo dated 08/02/2017 to PREA Auditors regarding PREA monitoring of contracted agencies 115312. The memo states that the Connecticut Judicial Branch requires all judicially funded juvenile and adult residential beds to be in compliance with the Prison Rape Elimination Act (PREA). All existing contracts were required to be PREA compliant within the first three-year cycle of PREA auditing.</p> <p>An interview was conducted with the agency's contract administrator. The facility has one new contract with REGIONS Secure and REGIONS Staff Secure. All contracts contain the PREA language. Staff monitors compliance on a regular basis and an internal review is completed annually.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.105 Staffing Requirements, Overtime and Holdovers details minimum staffing levels of at least one male and one female juvenile detention officer to be on duty at all times. Gender specific minimums may be increased based on the operational needs of the facility. In order to ensure minimum staffing levels are maintained, it may sometimes be necessary for the facility to hold over or order staff in. Policy states that additional staffing authorizations due to high juvenile population will be in accordance with detention minimum staffing levels. Each juvenile detention center will maintain minimum staff ratios of a minimum of 1:8 during juvenile waking hours and 1:16 during juvenile sleeping hours, except during limited and discrete exigent circumstances, which are fully documented and submitted by the Center Superintendent to the Deputy Director of Juvenile Residential Services. If the population/room usage/facility climate or any combination thereof changes, the superintendent will consider reducing minimum staffing levels, specifically to reduce mandating overtime. This will be done in consultation with the Deputy Director of Juvenile Residential Services.</p> <p>8.404 Juvenile Residential Services Suicide Prevention Policy states that video monitoring will be used, in addition to staff, as indicated in CSSD Policy and Procedure 8.532, Special Needs Juveniles Communications.</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy contains a section on Facility Assessment that states at least once per year detention administrators, in collaboration with the Unit PREA Coordinator, will assess, determine, and document at each detention facility whether adjustments are needed to a staffing plan that provides for adequate levels of staffing to protect juveniles against sexual abuse, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.</p> <p>8.309 Juvenile Residential Services Security Checks, Inspections, and Administrative Tours Policy states that the Superintendent, Deputy Superintendents, and Shift Supervisors/Lead Juvenile Detention Officers will conduct daily inspections, including holidays and weekends, of all areas occupied by juveniles and submit a daily written report to their supervisor. Administrative weekly inspections will also be conducted to assure unannounced rounds occur on all three shifts.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>State of Connecticut Judicial Branch Court Support Services Division Juvenile Detention Center Staffing Plan 2019. Facility is accredited by American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). The facility contracts with Correctional HealthCare for continuous quality improvement. The staffing plan contains a section detailing performance based standards dedicated to exclusively improving the conditions, services, and overall operations of juvenile facilities and programs and providing</p>

technical assistance and tools that promote public safety, offender accountability and rehabilitation that prevents future crime. The staffing plan describes the physical plant, identifies known blind spots, juvenile population, supervisory staff, programming, and central transportation. The Deputy Director of Juvenile Residential Services will review the facility quarterly reports for recommendations regarding staffing. Any immediate need that could impact the safety of youth in the facility's care will be communicated directly to the Deputy Director. Staffing needs will be communicated by the Deputy Director of Juvenile Residential Services to the Executive Director of the Judicial Branch Court Support Services Division.

Attachment A 8.105 Juvenile Residential Services Staffing Requirements, Overtime and Holdovers Detention Minimum Staffing Levels outlines shift hours and minimum staffing needed. There are no deviations from the staffing plan notated. Minimum staffing is based on the current population number and number of open tiers (floors). There will be one staff assigned per open tier (floor). In addition, there will be one control officer and one rover staff on shift. The plan includes random, unannounced tours to be conducted throughout a shift to ensure policy and procedure is being followed.

12-8, 8-4, 4-12 Duty Roster samples

Two Week Duty Roster for Week ending 10/08/2020 samples

Daily Detention Population Summary samples

Correctional HealthCare site reviews

8am-4pm shift roster

Staffing Plan 2019

Juvenile detention Superintendent Quarterly Reports

2020 HJDC Suicide Prevention Physical Plant Audit

Hartford facility floor plan camera locations 1st floor and 2nd floor

Unannounced rounds process and documentation (log book entries)

During a tour of the facility, the auditor did not notice any blind spots. The housing unit does have connecting pass-through hallways that are not monitored by camera. The hallways are never utilized by juveniles and are for staff to utilize in emergency circumstances. REGIONS storage closet 1st and 2nd floor are posted that juveniles are not allowed in the closets. Virtual Visit/DCF office does not have cameras. When this room is in use, a staff member is posted at the entrance to the room and the door remains open. Bathrooms in the gym and cafeteria are private, single use bathrooms to ensure privacy. Doors remain locked and must be unlocked by a staff member upon request.

Interviews were conducted with the superintendent, PREA coordinator, and staff responsible for conducting unannounced rounds. The facility has been able to meet the requirements of the staffing plan through mandatory overtime when needed. The facility is obligated by law to maintain staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours. Language is contained within the contract with the Union. The PREA coordinator is consulted regarding any assessments of, or adjustments to, the staffing plan for this facility. An annual audit is

completed to assure compliance. Unannounced rounds are completed on each shift daily by intermediate and higher level facility staff. Rounds are documented and placed in a log book. To prevent staff from alerting other staff that rounds are being conducted, rounds are completed randomly, without announcement, at different times of the day and in different orders. All areas of the facility are checked, regardless if occupied.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.311 Juvenile Residential Services Searches Policy contains a section on strip searches and states that strip searches will only be conducted upon initial intake or upon readmission. Juveniles who are in continuous custody will only be strip searched upon transfer if there is reasonable belief that a juvenile may be carrying dangerous contraband. Strip searches will always be conducted using standard precautions and by a staff member of the same gender identity as the juvenile being searched. Strip searches will be performed visually and in an area that ensures complete privacy. Staff will maintain constant observation throughout the duration of the search process, and maintain a physical separation of at least five feet from the juvenile during the search. Frisk searches will be conducted by a staff member of the same gender identity as the juvenile being searched. Staff will complete the search in a timely and professional manner. Frisk searches of transgender or intersex juveniles will be conducted in accordance with procedures outlined in CSSD Policy and Procedure 8.418 Non-Discriminatory Practices for LGBTQI Juveniles. Under no circumstances will visual, manual, or instrument inspection of the vaginal or anal body cavities be conducted.</p> <p>8.542 Juvenile Residential Services Personal Hygiene and Items Policy states that juveniles are able to shower, perform bodily functions, and change clothes 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. Staff of the opposite gender will announce their presence when entering a juvenile housing unit when an opposite gender staff is not already on the housing unit floor.</p> <p>8.418 Juvenile Residential Services Non-Discrimination Practices for LGBTQI Juveniles Policy states that LGBTQI juveniles 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. Medical examinations will be conducted in private on all admissions during which sexual orientation, birth sex, and gender identity is discussed with a medical provider.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Incident Reports 1/6/2020, 3/11/2020 to document strip searches</p> <p>Individual Juvenile Monitoring Sheets indicating a body search was completed for a juvenile on suicide watch and another on constant observation</p> <p>Permission to Treat Consent Forms with parent/guardian authorization</p> <p>Juvenile Questionnaires and Parent Questionnaires seeking information regarding juveniles mental status, including suicidality, emotional health, school experiences, victim of abuse, special education, problems with school, sexual behavior, sexual activity, past records, drug and alcohol abuse, gender identity, English language, need for interpreter, as well as other medical conditions</p>

Unit logs documenting expectations and PREA explained on unit

Transgender/Intersex Search and Clothing Preference form

Transgender and Intersex Juvenile Searches Training Curriculum

Transgender and Intersex Juvenile Searches Refresher Training, Staff Training sign off (rosters)

During a tour of the facility, the auditor observed staff announcing their presence when entering an occupied housing unit.

Interviews were conducted with non-medical staff members that conduct strip searches, random staff, and random residents. There were not any residents that identified as transgender or intersex to interview at time of audit. Staff have received training to conduct pat-down searches and searches of transgender and intersex juveniles in a professional and respectful manner during new employee orientation. Staff are restricted from conducting cross gender pat down searches except in exigent circumstances. Staff are prohibited from searching or physically examining a transgender or intersex juvenile for the sole purpose of determining the juvenile's genital status. Staff stated that officers announce their presence when entering a housing unit that houses residents of the opposite gender. Juveniles are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. Juveniles said that staff announce their presence when entering units and that they have not been pat searched by an officer of the opposite gender. Juveniles stated that they have never been naked in full view of staff of the opposite gender.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.413 Juvenile Detention Detainees with Disabilities Policy states that a reasonable accommodation is any change in the environment or the manner in which tasks are completed that enables an individual with a disability to participate in a program or service. Such accommodation will not impose undue hardship on the facility or compromise the safety or security of staff or detainees. Detainees with disabilities will be provided the right to reasonable accommodation.</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that all juveniles entering detention will be provided with information about sexual abuse and harassment. This information will be communicated orally and in writing. All juveniles entering detention will be provided with information from a staff member about the zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during intake. Staff will orally convey all written information to juveniles who have limited reading skills or are visually impaired. Accommodations will be made for juveniles who are limited English proficient, deaf, or disabled to report any sexual abuse through staff directly, interpretive technology, and non-resident interpreters. In addition to the use of interpreters and the language line, there are bilingual staff available to ensure effective communication with juvenile who are limited English proficient.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Detainee Request for Reasonable Accommodation form</p> <p>Intake and Admission Checklist – Intake Officer is to initial each section as it is completed. One section states “provide juvenile with a detention handbook, legal rights booklet and sexual assault pamphlet and place acknowledgement form in the juvenile’s permanent file</p> <p>Group Attendance Sheet for juvenile orientation</p> <p>Orientation Acknowledgement form with juvenile signature</p> <p>PREA Notice (zero tolerance posters in multiple languages)</p> <p>2020 JRS Weekly Schedule</p> <p>Sexual Assault and PREA course materials</p> <p>PREA training power point discusses vulnerable detainees, sexual orientation, mental disability or illness, having a physical disability, or limited English proficient individuals</p> <p>Language Access Plan 2019</p> <p>Memo regarding telephonic bilingual services</p> <p>Bilingual services reference guide</p>

Interpreter request memos

Juvenile Acknowledgement of Receipt for juvenile handbook, sexual assault pamphlet, and legal rights booklet signed by juveniles.

Group Attendance Sheet for juvenile orientation

Multiple contract awards and master agreements for translation services

During a tour of the facility, the auditor observed materials in English and in Spanish. Each unit has an ADA sleeping room to accommodate juveniles with a physical disability.

Interviews were conducted with agency head and random staff. There were no juveniles with a disability or juveniles with limited English proficiency to interview at time of audit. Staff stated that the agency has established procedures to provide juveniles with disabilities and those what are limited English proficient 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. Juveniles have full access to the language line contracted service. Staff states that the agency does not allow the use of juvenile interpreters, readers, or other types of juvenile assistants to assist disabled juveniles or juveniles with limited English proficiency when making an allegation of sexual abuse or sexual harassment.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>Administrative Policies and Procedure Manual – 204 Hiring Process – Recruitment of Candidates Policy outlines procedures for reference/criminal record checks. The Judicial Branch 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. As such, the Judicial Branch is required to ask candidates the specific questions related to PREA disclosure.</p> <p>Judicial Branch policy states that the Judicial Branch will consider all incidents of sexual harassment in determining whether to enlist the services of any individual contractor who may have contact with individuals in the custody of the Branch. The Judicial Branch will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote anyone who may have contact with individuals in the custody of the Branch. Selection for appointment or promotion of any Judicial Branch employee who may have contact with individuals in the custody of the Judicial Branch is contingent upon the satisfactory completion of a reference and criminal background check. The criminal background check will consist of a signed reference/criminal record check authorization and release of information and a review of the individuals criminal record obtained from criminal justice agencies and/or criminal/motor vehicle databases. A criminal record check may be conducted, and must be conducted if required by the job description. The Judicial Branch will utilize a system to annually capture new criminal record information on current employees who may have contact with individuals in the custody of the Judicial Branch. The policy also states that material omissions regarding such misconduct, or the provisions of materially false information, shall be grounds for termination.</p> <p>607 Sexual Harassment in the Workplace Policy states that all employees have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive or disruptive, including sexual harassment. Appropriate disciplinary action will be taken against an employee who engages in such conduct. Internal processes to resolve allegations of sexual harassment in the workplace are available to employees.</p> <p>Connecticut General Statutes 10-221d – Criminal history and child abuse and neglect registry records checks of school personnel states that each Board of Education will require each applicant to submit to a records check of the Department of Children and Families child abuse and neglect registry, and each applicant for a position to submit to state and national criminal history records checks within thirty days from the date of employment and may require any person hired prior to said date to submit to state and national criminal history records checks. The State Board of Education shall submit, periodically, a database of all persons who hold certificates, authorizations or permits to the State Police Bureau of Identification. The State Police Bureau of Identification shall conduct a state criminal history records check against such database and shall notify the State Board of Education of any such person who has a criminal conviction. The State Board of Education requires each applicant to submit a records</p>

check of the Department of Children and Families child abuse and neglect registry.

1.3 Criminal History Investigation Policy states that criminal history investigation for volunteers and interns will be conducted by the Judicial Branch Administrator of Volunteer and Intern Programs according to procedures set forth in this policy and will be reported to the CSSD Manager of Human Resources.

Documents reviewed to verify compliance with this standard:

Employee file review

Contractor file review

Reference Check Disclosure form

Employee Reference Check form containing questions if the employer is an institution

Authorization to Release of Information for DCF CPS Search form

Memo from Domus Kids, Inc. notifying the Branch that employees for employment have been screened accordingly

Maxim healthcare services memo regarding background checks ran through DCF

Certiphi memo regarding background checks conducted

Copies of professional educators certificates

Memo from Yale Human Resources stating that Yale staff and faculty members have successfully completed a criminal background check

Hire Right notification for criminal records check conducted

Memo to file regarding hiring and promotion decisions states that a criminal record check on current employees report was last run on January 4, 2020. There were no Judicial Branch employees identified.

Memo by Deputy Superintendent stating that there has been 31 new hires or promotions within the past 12 months and that a criminal records check, employer reference check, and CPS search is required and the forms are maintained in each employee file at the CSSD Human Resources Department.

Interviews were conducted with the administrative human resources staff. The facility performs criminal record background checks (JIS Report) for all newly hired employees, employees who are being considered for a promotion, and contractors who may have contact with juveniles. The facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with juveniles. Before hiring new employees or contractors who may have contact with juveniles, the facility consults a child abuse registry maintained by the State. The facility runs a JIS report annually to check criminal history of current employees, which exceeds the five year requirement of this standard. The facility asks all applicants and employees who may have contact with juveniles about previous misconduct. Questions are on the background form and given prior to hire. The facility imposes upon employees a continuing affirmative duty to

disclose any such previous misconduct. When a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.

Summary of findings:

Based on the evidence discussed, the facility has exceeded compliance with this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documents reviewed to verify compliance with this standard:</p> <p>Memo from the Office of the Chief Administrator dated April 23, 2013 states that the Judicial Branch will consider the ability to protect individuals in our custody from sexual abuse when designing/acquiring/expanding/modifying a courthouse lockup/juvenile detention facility and installing/updating monitoring technology.</p> <p>Email correspondence regarding a request (wish list) for extra security cameras.</p> <p>Camera placement maps</p> <p>Description of Panasonic cameras and video monitors, along with photos of current placement of cameras and monitors.</p> <p>Work order for camera installations</p> <p>Log book entries of unannounced rounds (unit tours)</p> <p>During a tour of the facility, the auditor observed 93 camera locations and was able to examine the video monitoring system in the master control room. There were no renovated areas to observe at time of audit. The auditor observed the design and layout of the facility. The facility has large windows throughout with plenty of natural light. With the large windows, staff are able to view juvenile activities from multiple locations creating better supervision and the reduction of blind spots.</p> <p>Interviews were conducted with the agency head and the superintendent. They stated that when acquiring, designing, or planning substantial modifications to facilities there is no greater responsibility than keeping juveniles safe. When discussing any modifications, PREA standards are consulted to ensure compliance. Monitoring technology is utilized to supplement, not replace, staff supervision. All cameras provide up to three months of recorded data for playback when needed. The facility is continuously being monitored for blind spots.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has exceeded compliance with this standard.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that if the abuse occurred within a time period that still allows for the collection of physical evidence, staff will ensure the alleged abuser does not take any actions that could destroy physical evidence including, showering, washing, eating, drinking, or using the bathroom until seen by an appropriate medical provider; staff will immediately ensure that the area where the alleged abuse took place is sealed off allowing no one access until the police arrive and that all linens used by the alleged victim and alleged perpetrator are kept; and staff will ensure that the alleged victim and alleged perpetrator are physically separated and have no further contact. The policy also states that the need for emergency medical treatment and crisis counseling services will be determined by medical and mental health practitioners for a juvenile who reports sexual abuse prior to admission. Upon direction of the Juvenile Detention Superintendent or designee, the Connecticut State Police and the juvenile’s parent/legal guardian will be immediately notified. The juvenile will be immediately referred to the local emergency department for acute care. The policy states that juveniles who experience sexual abuse is offered access to qualified victim advocate services.</p> <p>The Criminal State Police has the responsibility for conducting either administrative or criminal sexual abuse investigations.</p> <p>8.501 Juvenile Residential Services Access to Care Policy states that juvenile requests for care will be promptly relayed to health care staff for triage. No co-payments or disincentives for seeking health care will be employed.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition April 2003 contains sufficient technical detail to aid responders in obtaining usable physical evidence. The protocol is developmentally appropriate for youth.</p> <p>State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault</p> <p>Memo stating medical staff is contracted through Maxim. The medical staff does not conduct forensic exams. Juveniles in need of forensic exams would be sent to Hartford Hospital, where there are certified SAFE medical personnel.</p> <p>Connecticut General Statute’s 19a-112a contains information related to protocol, sexual assault evidence collection kit, transfer, analysis and preservation of evidence, costs, and training and sexual assault examiners programs.</p> <p>Sexual Assault Forensic Examiners Program information provided by the State of Connecticut Office of Victim Services which identifies Hartford Hospital as a participating health care facility that has SAFE providers. It also states that these services are free and available 24 hours a</p>

day, 7 days a week.

Memorandum of Agreement between Connecticut Judicial Branch and the Connecticut Alliance to End Sexual Violence for the provision of sexual assault crisis services via a certified sexual assault crisis counselors.

Memorandum of Agreement between Connecticut Judicial Branch and Connecticut Sexual Assault Crisis Services to provide sexual assault crisis services and advocacy via certified sexual assault crisis counselors.

Connecticut Alliance to End Sexual Violence 24 hour, toll free hotline information (poster)

YWCA Sexual Assault Crisis hotline information (flyer)

Department of Emergency Services and Public Protection Division of State Police Guidelines to Investigate Sexual Assaults that have been reported by Inmates in Connecticut Confinement Facilities states that the investigator must take into account the special needs of a juvenile victim. The investigator should determine if the juvenile has an active case with the Department of Children and Families and if they are currently working with the juvenile victim. The investigator must also take into account the age and mental status of the victim when conducting an interview. The interview might meet the guidelines set for a forensic interview. A forensic interview should be conducted by an interviewer trained in these types of interviews. State Police will render immediate assistance to any crime victim. Investigators would also contact the Sexual Assault Crisis Center so a Sexual Assault Crisis counselor can be made available to the victim. The guidelines also list detailed investigative steps that must be followed by the investigator.

Interviews were conducted with random staff, the compliance manager, and Hartford hospital (SAFE provider). Staff understands the agency's protocol for obtaining usable physical evidence if a juvenile alleges sexual abuse. Staff was able to identify who is responsible for conducting sexual abuse investigations. If requested by the victim, a victim advocate with Connecticut Alliance To End Sexual Violence will be provided. An MOU with this organization has been developed and contains the requirements described within this standard. Hartford Hospital provides access to a SAFE/SANE professional 24 hours a day, 7 days a week. An active list of certified SAFE/SANE providers is maintained by the hospital.

At time of audit, there were not any juveniles who reported a sexual abuse to interview.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>Administrative Policies and Procedures Manual 607 Sexual Harassment in the Workplace Policy states that all complaints of sexual harassment will be investigated.</p> <p>Judicial Branch Policy Addressing the Prison Rape Elimination Act contains information regarding criminal and administrative investigations. Policy states that the Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse. The Judicial Branch's Human Resources Management Unit shall serve as the investigating authority for all allegations of sexual abuse, sexual harassment, or retaliation involving a Judicial Branch employee that occur within a Judicial Branch confinement facility. The Unit PREA Coordinator in which the confinement facility reports to shall initiate an administrative investigation into all complaints or incidents of sexual abuse, sexual harassment, or retaliation between individuals in the custody of the Judicial Branch in accordance with division and/or unit policies and procedures. The administrative investigation will include whether the alleged incident of sexual abuse, sexual harassment, or retaliation was the result of employee misconduct or negligence.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>PREA Incident reports of investigations and supporting documentation</p> <p>Investigation Summary report form sample</p> <p>Connecticut Judicial Branch website https://jud.ct.gov/PREA/ contains incident report forms, PREA policy, PREA reports, and PREA brochure. The website outlines how criminal investigations of sexual abuse are handled and administrative investigations of sexual abuse and sexual harassment are handled.</p> <p>Interviews were conducted with the agency head and investigator. Staff stated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Facility notifies CSSD. Human Resources and State Police are notified for all sexual abuse allegations.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>2.11 Human Resources Employee Conduct Policy states that engaging in abuse behavior toward public, staff, or clients is strictly prohibited, as well as, engaging in inappropriate sexual, financial, or inappropriate social relationships with clients, during their involvement with CSSD.</p> <p>Judicial Branch Policy Addressing the Prison Rape Elimination Act states within the policy statement “The Judicial Branch has zero tolerance toward all forms of sexual abuse and sexual harassment, particularly in its confinement facilities.”</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that staff receive PREA training annually and is included in preservice and inservice training curriculum through the CSSD Training Academy. All staff, including volunteers, contractors, and educators who have contact with juveniles, will be trained on the zero tolerance policy for sexual abuse and sexual harassment. Current employees who have not received PREA training must be trained within one year of the effective date of the PREA standards.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>PREA staff training and education curriculum explains zero tolerance. The curriculum covers all eleven areas as identified in this PREA standard.</p> <p>2020 JRS Weekly Schedule lists sexual assault and sexual abuse/PREA as a covered topic. This training is covered in a two hour block of time.</p> <p>Training attendance records “PREA Standards and Education training”</p> <p>Training sign in sheets signed by staff</p> <p>Review of staff training files</p> <p>Interviews were conducted with random staff. Staff attests to have received training in all eleven areas listed in the standard through in person training and video. Training was received upon hire and annually during refresher training.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>Judicial Branch Policy Addressing the Prison Rape Elimination Act states that any Judicial Branch volunteers or interns who engages in the sexual abuse or sexual harassment of an individual in the custody of the Judicial Branch will be terminated. Any contractor who engages in the sexual abuse or sexual harassment of an individual in the custody of the Judicial Branch may be subject to contract cancellation.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Volunteer and Contractor training files</p> <p>Volunteer and Contractor PREA Training curriculum</p> <p>PREA brochure (multiple languages)</p> <p>Volunteer and Contractor Sign Off Sheets</p> <p>Judicial Branch Contractor Log Sheets</p> <p>Judicial Branch Volunteer Log Sheets</p> <p>PREA acknowledgement forms of Contractors</p> <p>Training Attendance Records for Contractors and Volunteers and signed acknowledgement forms</p> <p>The Connecticut Judicial Branch Volunteer and Intern Conduct Guidelines explain that engaging in abusive or intimidating behavior and engaging in sexual harassment are strictly prohibited.</p> <p>Certificate of Completion for medical health care for sexual assault victims in a confinement setting</p> <p>Certificate of Completion for behavioral health care for sexual assault victims in a confinement setting</p> <p>Contracted school personnel training logs. School personnel are trained yearly by a CSSD trainer.</p> <p>Interviews were conducted with volunteers and contractors. They stated that they receive PREA training annually. Training consisted of an explanation of the agency's zero tolerance policy on sexual abuse and sexual harassment, and how to report such incidents.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that all juveniles entering detention will be provided with information from a staff member about the judicial branch zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during intake. Both the Sexual Abuse Pamphlet and the Sexual Abuse Handbook address issues related to sexual assault and sexual harassment, including prevention and intervention, self-protection, reporting sexual abuse and sexual harassment, and accessing medical and mental health treatment for sexual assault.</p> <p>During intake of juveniles, a PREA video is shown, intake officer reads the PREA information, and juveniles receive handbook containing PREA information. Also, juveniles receive PREA information during orientation group with CPO's within 72 hours of admission. Video can be played with subtitles and the facility can request American Sign Language services as needed.</p> <p>Policy also states that upon transfer to another facility, juveniles must be reoriented to the policies and procedures of the facility with regard to the zero-tolerance policy on sexual abuse and sexual harassment and how to report incidents of sexual abuse or sexual harassment. Staff will orally convey all written information to juveniles who have limited reading skills or are visually impaired. Accommodations will be made for juveniles who are limited English proficient, deaf, or disabled to report any sexual abuse through staff directly, interpretive technology, or non-resident interpreters. Policy also states that documentation of juvenile participation in these educational sessions will be maintained.</p> <p>8.412 Juvenile Residential Services Juvenile Orientation Policy states that staff will read the PREA signage posted in the intake area.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Juvenile rights Form states "you have the right to be free from sexual abuse and sexual harassment in accordance with the Prison Rape Elimination Act (PREA)". Juveniles sign this document.</p> <p>Juvenile Acknowledgment of Receipt of juvenile handbook, sexual assault pamphlet, and legal rights booklet. Juveniles sign this document.</p> <p>Juvenile Handbook contains a section on PREA and how to report.</p> <p>Sexual Assault Information (multiple languages)</p> <p>PREA Notice (multiple languages)</p> <p>You Have the Right to Live Free from Sexual Violence hotline poster</p> <p>Sexual Assault Crisis Programs crisis numbers poster</p>

Admission results

Group attendance sheets for juvenile orientation

Orientation acknowledgement forms

Speak Up! DVD PREA Orientation Video

During a tour of the facility, the auditor observed zero tolerance posters throughout the facility, juvenile handbooks available in processing (intake) area, and postings in intake regarding PREA.

Interviews were conducted with intake staff and random residents. Staff stated that juveniles are provided with information about the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Continuing education is provided to juveniles through a PREA Speak Up! DVD/video and PREA is reviewed daily with juveniles during the review of expectations. Juveniles are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Juveniles receive initial PREA information on day one of arrival during the intake process. Juveniles recalled being given information about PREA at intake, as well as, watching the video and receiving a PREA pamphlet. juveniles and staff interviewed discussed in length that each morning unit staff reviews expectations with juveniles. PREA education is included in these daily discussions. Juveniles are able to ask questions and seek clarification on any PREA-related topics.

Summary of findings:

Based on the evidence discussed, the facility has exceeded compliance with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed to verify compliance with this standard:</p> <p>PREA Investigations utilized for investigator training through the U.S. Department of Justice National Institute of Corrections (NIC) and is accessible at https://nic.learn.com. Training includes chapters on PREA investigations, working with victims, interviewing techniques, and institutional culture and investigations.</p> <p>Certificates of completion for “PREA Coordinators’ Roles and Responsibilities Course” was submitted for Patricia Nunez.</p> <p>Certificates of completion for “Investigating Sexual Abuse in a Confinement Setting Course” were submitted for Judith D’Alessandro, Cecily Rexach, Mikhail Delrish, Dennis Mulhall, Giovanni Gagliardi, Kimberly Ellsworth, Roger Maybin, along with several human resource staff and DCF investigators.</p> <p>Tour of the facility:</p> <p>Interviews were conducted with investigative staff. Staff stated that they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through National Institute of Corrections (NIC) online course. The course covered techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity rights, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states all staff, including volunteers, contractors, and educators who have contact with juveniles, will be trained on the zero tolerance policy for sexual abuse and sexual harassment. Current employees who have not received PREA training must be trained within one year of the effective date of the PREA standards. Specialized training for medical and mental health care practitioners will be provided by the Continuous Quality Improvement Contractor. The Central Responsible Health Authority will maintain documentation that this training has been received.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Memo from State of Connecticut Judicial Branch to all healthcare staff regarding Specialized PREA Training for Healthcare Staff stating that standard 115.335 provides direction and instruction for obtaining required training.</p> <p>Curriculum “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting”</p> <p>Certificates of Completion for “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting” were provided for Danielle Black, Allison Bazzano, Stephanie Feliciano, Tanayia Herrera, Mirna Grant, Erika Chavez, Veronica King, Dawn Carter, and other professionals from Yale Mental Health.</p> <p>Medical staff is contracted through Maxim. Medical staff does not conduct forensic exams. Forensic exams would be sent to Hartford Hospital, where there are certified SAFE medical personnel available.</p> <p>Website review was conducted to verify that Hartford Hospital is a participating hospital for the sexual assault forensic examiners (SAFE) program, to provide timely, compassionate, patient-centered sexual assault forensic examination services to victims of sexual assault.</p> <p>Interviews were conducted with medical and mental health staff. Staff stated that facility staff does not conduct forensic examinations. Juveniles would be referred to Hartford Hospital where SAFE personnel are available 24 hours a day 7 days a week to perform the examinations. Both medical and mental health stated that they received training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.341	Obtaining information from residents
	<p data-bbox="248 168 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="248 246 523 282">Auditor Discussion</p> <p data-bbox="248 324 968 360">Policy reviewed to verify compliance with this standard:</p> <p data-bbox="248 400 1484 1243">8.106 Juvenile Residential Services Classification Policy states that the Court Support Services Division Juvenile Detention Centers will implement a continuous classification system to identify and divide juveniles into groups that reduce the probability of sexual victimization and abusiveness, and assault and disruptive behavior. The policy directs the CPO to complete a SAVRY assessment instrument for all juveniles within 72 hours of admission and to review the juvenile’s history from CMIS including but not limited to probation case notes, pre-dispositional study, and court history. The juvenile’s SAVRY score, collateral information, presentation in detention, and risk score on the PREA Classification Screen will determine overall recommended custody level and transfer recommendations. The CPO is responsible for completing the PREA Classification screen form thoroughly based on the CPO Intake and a review of the juvenile’s record in its entirety. The policy states that at a minimum the classification system will evaluate offense history, sexually inappropriate behaviors, history of aggression, size, age, history of sexual victimization or abusiveness, gender non conforming, physical disabilities, mental illness, emotional and cognitive development, intellectual or developmental disabilities, vulnerability around peers, escape history, medical status, enemies of record, separation of genders, and juveniles perception of vulnerability. The classification process will begin at the time of admission by a juvenile detention officer. This process will include both observation and completion of the intake process. All medical and mental health issues noted at intake will be forwarded to the CPO, the PSS and medical and mental health staff.</p> <p data-bbox="248 1285 1484 1489">8.532 Juvenile Residential Services Special Needs Juveniles and Communication Policy states that staff members will participate in weekly multidisciplinary medical and mental health case review meetings in order to communicate significant information regarding special needs patients between detention center staff and medical and mental health staff. The Special Needs Communication and Special Needs List will be reviewed weekly at this meeting.</p> <p data-bbox="248 1532 1040 1568">Documents reviewed to verify compliance with this standard:</p> <p data-bbox="248 1608 1484 1980">PREA Classification Screen addresses current charges, offense history, documented or reported history of sexual inappropriate behaviors, aggression, size of juvenile, age of juvenile, documented history of sexual victimization or abusiveness, gender nonconforming appearance or manner, LGBTQI status, physical disabilities, mental illness, emotional/cognitive development, intellectual/developmental disabilities, and whether the juvenile feels vulnerable around peers in detention. This form includes other information about the juvenile, such as gang affiliation, suicide risk, LEP, etc.. This form has an overall score for risk to victimize others and vulnerability to victimization. There is a section for referrals to mental health and medical.</p> <p data-bbox="248 2022 638 2058">PREA Questionnaire samples</p> <p data-bbox="248 2098 1468 2134">Precaution Log documents each juvenile’s risk and type (suicide watch, constant observation,</p>

escape risk, single room only).

Medical/Mental Health/Psychiatric Review Meeting Minutes were submitted for evidence. Special needs review and single room only review is part of this review process.

Admission Search Results samples

PREA Classification Screen Curriculum

Parent Questionnaire and Juvenile Questionnaire samples

Medical and Mental Health Case notes

Pre-Dispositional Study samples

Permission to Treat documentation and physical exams were reviewed

During a tour of the facility, the auditor observed the intake processing area and received a copy of all the intake paperwork.

Interviews were conducted with staff responsible for risk screening, random residents, PREA Coordinator, and the Compliance Manager. Staff stated that juveniles upon admission to the facility or transferred from another facility are screened for risk of sexual abuse victimization or sexual abusiveness toward other juveniles. The screening is completed the first day during the intake/processing. All juveniles are reassessed every thirty days. The risk screening considers all criteria specified within this standard. The risk screening is a standardized form used for every juvenile. Information is ascertained through interview, and a review of files, history, and case notes. Only CPO's, mental health, medical, and supervisors have access to the risk screening. Juveniles remembered being asked questions at time of intake regarding if they have ever been sexually abused, whether they identify as being gay, bisexual, transgender, and whether they have any disabilities.

The facility has implemented a Special Needs Communication Plan. All staff interviewed were very aware of the purpose of this form. Juvenile intake screening process utilizes a four step approach. Screenings are completed by the JPO, CPO, mental health, and medical. As well, all risk screenings are rescreened every 30 days as a matter of practice, regardless of risk.

Summary of findings:

Based on the evidence discussed, the facility has exceeded compliance with this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.106 Juvenile Residential Services Classification Policy addresses that the juvenile detention center will implement a continuous classification system to identify and divide juveniles into groups that reduce the probability of sexual victimization and abusiveness, assault and disruptive behavior. Policy states that at no time will any juvenile be isolated or segregated from others.</p> <p>8.418 Juvenile Residential Services Non-Discriminatory Practices for LGBTQI Juveniles Policy 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 classified as sex offenders unless there are documented and related court charges. For transgender and intersex juveniles, the multidisciplinary team will meet and make a housing decision within 72 hours of intake on a case-by-case basis whether placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems. The juvenile's emotional and physical safety, as well as the juvenile's own views of where they will be most safe shall be given serious consideration.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Memo stating that at Hartford Juvenile Detention Center, juveniles at no time are isolated, therefore juveniles at risk for victimization would not be isolated.</p> <p>PREA Classification Screen samples</p> <p>PREA Questionnaire samples</p> <p>CPO Intake samples</p> <p>Special Needs notes</p> <p>Mental Health General Notes and SOAP Notes reviewed</p> <p>Room Assignment History spreadsheets</p> <p>Transgender/Intersex Search and Clothing Preference form</p> <p>During a tour of the facility, the auditor was able to tour living units. All juveniles are able to shower separately from other residents. The auditor did not observe any isolation areas.</p> <p>Interviews were conducted with the Compliance Manager, staff responsible for completing the risk screening, superintendent, medical and mental health staff, and the PREA Coordinator.</p> <p>At time of audit, there were not any juveniles that identify as being transgender or intersex. The facility does not use isolation, therefore there were not any staff to interview who supervise juveniles in isolation and no juveniles to interview who were placed in isolation. All staff stated that isolation is not used at the facility and that the facility does not have a special</p>

housing unit for lesbian, gay, bisexual, transgender, or intersex juveniles. Compliance manager and staff that perform screening for risk of victimization and abusiveness stated that the facility uses information from risk screening during intake to keep juveniles safe and free from sexual abuse. This information is used to determine housing assignments, roommate status, and programming.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.403 Juvenile Residential Services Juvenile Grievances Policy states that each detention center will have a secure Ombudsman box placed in a location that is easily accessible to all juveniles. The mailbox will be labeled “Ombudsman” and will be secured. The key to the box is restricted and retained by the juvenile detention superintendent. The box is checked daily. There will be no time limit on when a juvenile may submit a grievance. The juvenile will first attempt to resolve any concern informally by speaking to a staff member directly or by submitting a Request Form. If the juvenile prefers, a request form can be placed in the Ombudsman box. A Health Services Grievance can be submitted using the Medical Box if the juvenile does not want to give the form directly to the medical staff. Definitions are provided within the policy. All grievances will be responded too within 48 hours after receipt of the grievance. The health services requests will be responded to within 24 hours or the next business day. Juveniles will be oriented to the grievance mechanism at the time of admission to the facility. The juvenile may ask a staff member to assist in writing the grievance to the Deputy Director of Juvenile Residential Services. Policy contains PREA grievance procedures, to include third party reporting, and reporting by parents and legal guardians. Policy states that no staff member who participates in the resolution of a grievance will be affected negatively for participation in the solution of a grievance. No juvenile shall suffer negative consequences such as denial or limitation of access to any privilege, service, or program offered by the detention center, either formally or informally, for good faith use or participation in the juvenile grievance process.</p> <p>8.501 Juvenile Residential Services Access to Care Policy states that medical staff, mental health consultants, and a psychiatrist will be regularly available at each detention center. Classification and Program Officers will be available daily. Definitions are included in the policy pertaining to access of care. Policy states that a juvenile will not be required to disclose the reason for requesting a medical or mental health contact, nor shall treatment be denied for refusing to disclose. A juvenile’s custody status will not preclude attendance at any clinician’s clinic. Juveniles will not be disciplined or punished for seeking care for their health needs.</p> <p>8.400 Juvenile Residential Services Intake and Admissions Policy states that no juvenile will be accepted for intake at a detention center unless ordered by a Superior Court Judge to be held in detention with an order to detain, outstanding warrant, order to take into custody delinquency, order of detention, juvenile arrest warrant, re-arrest warrant, the juvenile is accompanied by a signed court mittimus, and the juvenile is from out of state and considered a juvenile in the home state, and is ordered to detention by interstate compact.</p> <p>5.10 General Section Reporting of Abuse, Neglect and Injury Policy states that mandated reporters engaged in the ordinary course of business will be required to report to DCF when they have reasonable cause to suspect or believe that a child under 18 years of age is being abused or neglected, or is placed at imminent risk of abuse or neglect.</p> <p>8.102 Juvenile Residential Services Incident Reporting Policy states that the police will be</p>

notified by a shift supervisor/lead JDO when there is any incident that threatens the safety of individuals or when it is apparent that a crime has been committed. When a juvenile is under 18 years of age, the Department of Children and Families will be notified. Completed written reports will be given to a shift supervisor/lead JDO before the end of the workday.

8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detention and Response Policy states that the DCF Careline is a single point of contact for reporting suspected child abuse and neglect which operates 24 hours a day, 7 days a week to receive and process reports. All staff will 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. All verbal, written, and anonymous reports are accepted from any source, including third party. If a juvenile has been identified to be at risk, or has been identified as being the victim of sexual abuse/harassment, additional information will also be provided by a staff member at intake or by a Classification and Program Officer in English or Spanish.

Documents reviewed to verify compliance with this standard:

Purpose of a Detention Liaison and description of duties. The liaison will check the "DCF Communication" box when in the building for any PREA related concerns and will forward them to the facility administrator. The liaison will file a DCF 136 report as applicable.

PREA Sexual Abuse and Sexual Harassment Pamphlet

Juvenile Handbook contains a section on PREA

Juvenile Rights Form advises the juvenile that if they are not a citizen of the United States that they have certain rights to have a consulate notified.

Photo on Juvenile Outgoing Mail box and DCF Communication box.

Incident report samples

Staff training curriculum and certifications covers compliance with mandating reporting laws, who must report, what must be reported, reporting process, and Connecticut law regarding age of consent.

Preservice training logs to include DCF Mandated Reporting

During a tour of the facility, the auditor was able to verify multiple internal ways for juveniles to report privately to agency staff. The auditor observed reporting forms through the facility and boxes mounted on walls in which juveniles can place their written report into. Posters of hotline numbers were displayed near phones for juvenile's access.

Interviews were conducted with random staff, random juveniles, and the compliance manager. At time of audit, there were no residents who reported a sexual abuse to interview. Staff stated that they can privately report sexual abuse and sexual harassment of juveniles by speaking privately with a supervisor, by calling the hotline number, and by writing a memo. Juveniles can report privately through the grievance process, calling the hotline number, or through a third party. The agency provides an Ombudsman to review all juvenile grievances. In order for the juvenile to report by phone, the juvenile must request to use the phone. The call will be placed by staff and the juvenile can speak in private. Juveniles are able to remain anonymous

when reporting.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.403 Juvenile Residential Services Juvenile Grievances Policy explains the PREA grievance procedures for dealing with juvenile grievances regarding sexual abuse. The policy allows a juvenile to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The policy requires a juvenile to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The policy allows a juvenile to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policy requires that a juvenile grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Agency policy and procedure permits third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of juveniles. Agency policy and procedure require that if the juvenile declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the juvenile's decision to decline. Agency policy allows parents or legal guardians of juveniles to file a grievance alleging sexual abuse, including appeals, on behalf of such juvenile, regardless of whether or not the juvenile agrees to have the grievance filed on their behalf. The agency has a policy and established procedures for filing an emergency grievance alleging that a juvenile is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. The agency has a written policy that limits its ability to discipline a juvenile for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the juvenile filed the grievance in bad faith.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Juvenile handbook</p> <p>At time of audit, there were no juveniles who reported sexual abuse to be interviewed.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that a sexual abuse pamphlet will be provided by a staff member at intake in English or Spanish. A handbook is also available to a juvenile that has been identified to be at risk. Policy states that staff will inform juveniles prior to giving them access to victim advocate services, of the extent to which reports of abuse will be made to the Department of Children and Families (DCF) as a mandated reporter.</p> <p>8.505 Juvenile Residential Services Juvenile Mental Health Intake Screening, Evaluation and Records Policy states that the CPO will explain to the juvenile that the CPO is a mandated reporter and that information obtained around abuse and neglect will be utilized to contact the Department of Children and Families.</p> <p>8.407 Juvenile Detention Juvenile Mail and Telephone Communication Policy states that juveniles will be afforded an opportunity to call parents or primary caretakers or legal guardians, free of charge, a minimum of once each day. Juveniles will be afforded a reasonable opportunity to call attorneys, probation officers and DCF workers free of charge.</p> <p>8.410 Juvenile Detention Juvenile Rights in Detention Policy describes communication, in person and written, with legal representatives and family.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>MOU with The Alliance to End Sexual Violence</p> <p>MOU with Connecticut Sexual Assault Crisis Services, Inc.</p> <p>Rape and Sexual Assault Information and Resources Booklet – English and Spanish</p> <p>Sexual Assault Information</p> <p>Reporting Posters</p> <p>Sexual Assault Crisis Programs directory</p> <p>YWCA New Britain sexual assault crisis services PREA hotline information</p> <p>PREA zero tolerance posters in units</p> <p>DCF Child Abuse and Neglect Careline information</p> <p>PREA Pamphlet</p> <p>Photo of Mandated Reporters poster posted in processing area</p>

Client Contacts spreadsheet

Contact Log History spreadsheet

Volunteer and Visitor sign in sheets

During a tour of the facility, the auditor was able to observe posters displayed containing hotline numbers to crisis/advocacy services.

Interviews were conducted with random juveniles, superintendent, and the compliance manager. At time of audit, there were no juveniles detained who reported a sexual abuse. Juveniles were aware that outside services were available for dealing with sexual abuse. Juveniles were unsure about mailing addresses, but stated that there is a hotline number posted that they can call. Juveniles thought they what they say to people from the hotline agency would remain private. Juveniles have regular access to attorneys and parents. Staff stated that juveniles have daily private access to attorneys and parents.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that all verbal, written, and anonymous reports are accepted from any source, including third parties.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Third Party Notices</p> <p>PREA Pamphlet</p> <p>PREA Notice</p> <p>Detention Liaison purpose and duties</p> <p>Photo of DCF Communication Box</p> <p>Report of Suspected Child Abuse or Neglect</p> <p>Website https://jud.ct.gov/PREA/ review of PREA documentation</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against juveniles or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>5.10 General Section Reporting of Abuse, Neglect and Injury Policy requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Summary of Legal Requirements Concerning Child Abuse/Neglect</p> <p>Incident Reports</p> <p>Interviews were conducted with random staff, medical and mental health staff, compliance manager, and superintendent. Staff stated that when the facility receives an allegation of sexual abuse, staff will report it to the PREA coordinator, compliance manager, supervisor, central office, DCF, State Police, and HR. The notification would be immediate. The juvenile's attorney will be notified as well. All allegations of sexual abuse and sexual harassment are reported directly to facility investigators. The facility remains in constant communication with State Police and DCF regarding all investigations. Medical and mental health staff, at the initiation of services, discloses the limitations of confidentiality and their duty to report to juveniles. All staff are mandated reporters.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.362	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that when the agency learns that a juvenile is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the juvenile.</p> <p>8.106 Juvenile Residential Services Classification Policy states that single occupancy rooms will be available and assigned when indicated for juveniles likely to be exploited or victimized by others. The classification process will begin at the time of admission. The CPO is responsible for completing the PREA Classification Screen form. Immediate action will be taken to protect juveniles who are subject to a substantial risk of imminent sexual abuse.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Precaution Logs</p> <p>Incident Report</p> <p>Interviews were conducted with the agency head, superintendent, and random staff. Staff understand the facility's process and the actions they would take should they learn a juvenile is at risk of imminent sexual abuse. Actions will be taken immediately. Facility administration will meet immediately to determine the most appropriate response to the situation and put a plan in place to keep the juvenile safe.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy requires that, upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility must notify the head of the other facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. The facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.</p> <p>Judicial Branch Policy addresses PREA as well. The policy requires that the facility superintendent provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>PREA incident report file review, to include investigation summary report, incident review, and email correspondence.</p> <p>Interviews were conducted with the agency head and the superintendent. When the facility receives an allegation of sexual abuse or sexual harassment from another facility it is investigated immediately and the notification process would be the same as if it was reported within the facility. According to staff, the facility has not yet had this type of report; therefore no documentation is available for review.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy include first responder protocols for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a juvenile was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a juvenile was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>PREA Incident Response Plan</p> <p>PREA Incident Notification Tree</p> <p>PREA Staff Training</p> <p>Staff first responder training attendance records</p> <p>Contactor training records</p> <p>Interviews were conducted with staff first responders and random staff. At time of audit there were no juveniles detained who reported a sexual abuse. All staff were able to describe accurately and in detail the actions they would take as a first responder to an allegation of sexual abuse. Staff explained thoroughly that upon learning of an allegation that a juvenile was sexually abused, they would immediately separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and request that the alleged victim and alleged abuser 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.</p>

Summary of findings:

Based on the evidence discussed, the facility has exceeded compliance with this standard.

115.365	Coordinated response
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1040 360">Documents reviewed to verify compliance with this standard:</p> <p data-bbox="252 405 1455 517">The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, entitled "PREA Incident Response Plan".</p> <p data-bbox="252 562 663 595">PREA Incident Notification Tree</p> <p data-bbox="252 640 1481 797">An interview was conducted with the superintendent. The superintendent was able to describe the facility's plan to coordinate actions among first responders, medical, mental health, investigators, and facility leadership. The team would meet regularly to determine what the next steps will be.</p> <p data-bbox="252 842 529 875">Summary of findings:</p> <p data-bbox="252 920 1487 954">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed to verify compliance with this standard:</p> <p>Collective Bargaining Agreement between State of Connecticut Judicial Branch and The Union of Professional Judicial Employees for incident investigations.</p> <p>PREA Incident Report and Summary</p> <p>Interviews were conducted with the agency head. The agency head was able to verify that the collective bargaining agreement permits the agency to remove alleged staff sexual abusers from contact with any juveniles pending an investigation or determination of whether and to what extent discipline is warranted.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy protects all juveniles and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other juveniles or staff. The agency designates staff members with monitoring for possible retaliation. The Classification and Program Officer will monitor the conduct and treatment for at least 90 days of juveniles who filed the report. The PREA Manager will monitor the conduct and treatment of staff who filed the report. This monitoring period may be extended if issues arise. The agency/facility monitors the conduct or treatment of juveniles or staff who reported sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by juveniles or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>Interviews were conducted with the agency head, superintendent, and designated staff member charged with monitoring retaliation. At time of audit, there were no juveniles to interview who reported a sexual abuse or juveniles who were held in isolation. Staff stated that they follow policy when it comes to protecting juveniles and staff from retaliation. Juveniles can be moved to other units or a different facility and staff can be assigned to other areas, or placed on administrative leave. Allegations of retaliation are investigated immediately. Monitoring of retaliation consists of speaking to staff and juveniles, assigning a CPO to monitor, looking for red flags, and review progress notes. The maximum length of time to monitor conduct and treatment is 90 days. This can be extended longer if needed.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states at no time will any juvenile be isolated or segregated from others.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Incident Report</p> <p>PREA Screen</p> <p>Juvenile Detention Court Report</p> <p>During a tour of the facility, the auditor did not observe any isolation areas or juveniles held in isolation.</p> <p>Interviews were conducted with the superintendent, and medical and mental health staff. There were no staff who supervise juveniles in isolation to interview, nor juveniles held in isolation to interview at time of audit. Staff stated that there has not been any instance in which isolation was utilized to protect a juvenile who alleged to have suffered sexual abuse. Juveniles are never segregated or isolated. Juveniles can be moved in to another unit or room if needed.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy related to criminal and administrative agency investigations. The agency does not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p>Judicial Branch Policy also addresses PREA regarding reporting incidents and complaints, criminal investigations and administrative investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the Record Retention Schedule.</p> <p>PREA Incident Log</p> <p>PREA Incident Report</p> <p>Incident Report</p> <p>Investigation Summary Report Form</p> <p>Juvenile Detention Incident Report</p> <p>CSSD Incident/Accident Report</p> <p>Phone Notes</p> <p>Report of Investigation</p> <p>Interviews were conducted with investigative staff, PREA coordinator, compliance manager, and the superintendent. There were no juveniles who reported sexual abuse to interview at time at audit. Staff stated that State Police and DCF investigate sexual abuse allegations and the facility is kept informed of the progress by designating a point of contact in the central office. The PREA manager remains in constant contact with the investigative agency.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed to verify compliance with this standard:</p> <p>The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Excerpts of PREA standards were provided to Elizabeth Graham, Director, and Judicial Branch Human Resource Management Unit for implementation in all PREA related incident reviews and administrative investigations.</p> <p>An interview was conducted with investigative staff. A preponderance of evidence is the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy requires that any juvenile who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Health Care Liaison will ensure that all reports are obtained from the investigating agency or agencies. Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the agency/facility subsequently informs the juvenile (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the juvenile's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a juvenile's allegation that he or she has been sexually abused by another juvenile in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency has a policy that all notifications to juveniles described under this standard are documented.</p> <p>An interview was conducted with the superintendent. There are no juveniles who reported a sexual abuse detained. The facility notifies a juvenile who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded verbally and in writing.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>Judicial Branch Policy Addressing PREA states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that discipline for staff will be conducted in accordance with CSSD Policy and Procedure 2.13, Employee Discipline. Policy outlines when an allegation of sexual abuse against a staff member is substantiated. Employee Discipline Procedures will be followed as outlined in the Union Collective Bargaining Agreements. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>Judicial Branch Policy Addressing PREA requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility takes appropriate remedial measures and considers whether to prohibit further contact with juveniles in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with juveniles. The facility takes appropriate remedial measures and considers whether to prohibit further contact with juveniles in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>An interview was conducted with the superintendent. In case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility takes remedial measures and prohibits further contact with juveniles. An investigation will begin immediately and the contractor or volunteer will have no further access to the facility.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that Juveniles are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse. Juveniles are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for juvenile-on-juvenile sexual abuse. The agency disciplines juveniles for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between juveniles and disciplines juveniles for such activity. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>8.313 Juvenile Residential Services Positive Behavior Motivation Program Policy states that juveniles are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse. Juveniles are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for juvenile-on-juvenile sexual abuse. The agency prohibits all sexual activity between juveniles and disciplines juveniles for such activity. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>8.106 Juvenile Residential Services Classification Policy states that at no time will any juvenile be isolated or segregated from others.</p> <p>8.600 Juvenile Residential Services Regions Secure Treatment Program Policy states that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending juvenile to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.</p> <p>8.314 Juvenile Residential Services Group Programming Policy considers whether to require the offending juvenile to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.</p> <p>8.417 Juvenile Residential Services Education Services Policy considers whether to require the offending juvenile to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>MOU with the Connecticut Alliance to End Sexual Violence</p>

MOU with Connecticut Sexual Assault Crisis Services, Inc.

Interviews were conducted with the superintendent and medical and mental health staff. Residents are subject to disciplinary sanctions following an administrative or criminal finding that the juvenile engaged in juvenile-on-juvenile sexual abuse. Sanctions can include criminal charges, behavior motivation program, or transfer to another facility. The facility offers general therapy, counseling, and other intervention services. Referrals are made to outside agencies for services designed to address and correct the underlying reasons or motivations for sexual abuse.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.505 Juvenile Residential Services Juvenile Mental Health Intake Screening, Evaluation and Records Policy states that all juveniles at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. All juveniles who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>8.526 Juvenile Residential Services Health Assessment Policy states that all juveniles at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Medical and mental health practitioners obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the juvenile is under the age of 18.</p> <p>8.563 Juvenile Residential Services Health Care Confidentiality Policy states that Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>8.540 Medical and mental health practitioners obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the juvenile is under the age of 18.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>PREA Classification Screens for follow up meetings within 14 days.</p> <p>Psychiatrist/APRN Initial Assessment Forms</p> <p>Columbia-Suicide Severity Rating Scale</p> <p>The Research Foundation for Mental Hygiene, Inc. checklist</p> <p>Admission Search Results</p> <p>PREA Questionnaires</p> <p>Report of Suspected Child Abuse or Neglect forms</p>

Interviews were conducted with staff responsible for risk screening. There is no juveniles detained who disclosed sexual victimization at risk screening. Staff stated that when a screening indicates that a juvenile has experienced prior sexual victimization or a previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow up meeting with a medical and/or mental health practitioner is offered. Informed consent from juveniles is not required before reporting about prior sexual victimization that did not occur in an institutional setting. Staff discloses at intake that they are mandated reporters.

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that juvenile victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>8.555 Juvenile Residential Services Emergency Services Policy states that juvenile victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>8.559 Juvenile Residential Services Sexually Transmitted Diseases Policy states that juvenile victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>8.522 Juvenile Residential Services Reproductive Healthcare Services Policy states that juvenile victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>8.527 Juvenile Residential Services Nursing Admission Screening Policy states that juvenile victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>8.501 Juvenile Residential Services Access to Care Policy states that juvenile requests for care will be promptly relayed to health care staff for triage. No co-payments or disincentives for seeking health care will be employed. All juveniles, regardless of housing assignment, will have access to regularly scheduled clinicians' clinics. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

Connecticut General Statute's 19a-112a – Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations explains protocol, sexual assault evidence collection kits, transfer, analysis and preservation of evidence, costs, training and sexual assault examiners program. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Documents reviewed to verify compliance with this standard:

Group Attendance Sheet for Reproduction and STD's

Medical Nurse Notes

Connecticut Children's After Visit Summary

Interviews were conducted with medical and mental health staff, and staff first responders. There were no juveniles detained who reported a sexual abuse. Staff stated that juvenile victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services, to include emergency contraception and sexually transmitted infection prophylaxis. Juvenile victims are immediately referred to Hartford Hospital for SAFE/SANE services. Staff first responders were able to describe the actions they would take as a first responder to an allegation of sexual abuse.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy offers medical and mental health evaluation and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>8.545 Juvenile Residential Services Continuity and Coordination of Care during Detainment Policy states that ordered diagnostic tests and or specialty consultations will be completed in a timely manner. There will e documentation in the health record of the ordering clinician’s review of the results and review of the findings with the juvenile.</p> <p>8.527 Juvenile Residential Services Nursing Admission Screening Policy states that pregnancy testing is performed on all female juveniles during the nursing admission screening process.</p> <p>8.522 Juvenile Residential Services Reproductive Health Care Services Policy state that juveniles will be treated on-site or referred as appropriate, to community agencies that provide family planning services. Pregnant juveniles will be given comprehensive counseling and assistance consistent with local laws and in accordance with their expressed desires regarding their pregnancy, whether they elect to keep the child, use adoption services, or have an abortion. CSSD has written agreements with community facilities for medical services.</p> <p>8.559 Juvenile Residential Services Sexually Transmitted Diseases Policy states that medical screening will include provisions for the detection of STD’s. Treatment of STD’s will be available on-site, or through an outside referral. A juvenile’s privacy around STD issues will be respected. However, with permission, a plan for psychological and social support will be developed for each juvenile testing positive. This plan will become part of the juvenile’s medical record.</p> <p>8.501 Juvenile Residential Services Access to Care Policy states that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Connecticut General Statute’s 19a-112a states that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>8.505 Juvenile Residential Services Juvenile Mental Health Intake Screening, Evaluation and Records Policy states that juveniles with positive screening for mental health problems or significant developmental disability will be referred immediately for further evaluation by a qualified mental health professional. Juveniles will be assessed by a CPO on a continual basis for signs of adjustment challenges that can include multiple restraints, suicide ideation/attempt, pending adult charges, or difficulty adhering to the behavior motivation program. The CPO will make a referral to the qualified mental health professional for further evaluation and recommendation. The facility attempts to conduct a mental health evaluation of</p>

all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Documents reviewed to verify compliance with this standard:

PREA Incident Response Plan has a dedicated section for medical and mental health staff responsibilities.

MOU with the Connecticut Alliance to End Sexual Violence

MOU with Connecticut Sexual Assault Crisis Services, Inc

PREA pamphlet "Know your Rights"

Connecticut Children's discharge paperwork

Department of Emergency Services and Public Protection Division of State Police PREA Guidelines to investigate sexual assaults

PREA Incident Response Plan

Interviews were conducted with medical and mental health staff. There were no juveniles detained who reported a sexual abuse to interview at time of audit. Staff stated that treatment contains follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. Medical and mental health services are consistent with community level of care. If pregnancy results from sexual abuse while detained, victims are given timely information and access to all lawful pregnancy related services immediately. Mental Health evaluations of all known juvenile-on-juveniles abusers are referred to outside providers.

Summary of findings:

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The facility prepares a report of its findings from sexual abuse incident reviews, and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Excerpts from PREA standards to Director of Judicial Branch Human Resource Management Unit regarding sexual abuse incident reviews</p> <p>PREA Sexual Abuse Incident Review form</p> <p>Interviews were conducted with the superintendent, compliance manager, and incident review team members. Staff stated that the facility has an incident report team, consisting of management, supervisors, investigators, medical, and mental health staff. The team examines how the incident occurred and develops an action plan to address any issues.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Judicial Branch Policy Addressing PREA explains the process for preparing an annual PREA report.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Memo regarding data collection</p> <p>Monitoring tool</p> <p>Juvenile Residential Services report</p> <p>Juvenile Contracted Providers list</p> <p>Request for Proposal: Regions-Secure contain PREA compliance measures for obtaining incident-based and aggregated data</p> <p>2019 PREA Report</p> <p>PREA Incident Report</p> <p>Investigation Summary Report Form</p> <p>PREA Incident Review</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>8.524 Juvenile Residential Services Sexual Abuse and Sexual Harassment Prevention, Detection and Response Policy states that the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Judicial Branch Progress in Addressing the PREA Standards 2019</p> <p>2019 PREA Report</p> <p>PREA Compliance Monitoring tool</p> <p>The agency makes its annual report readily available to the public at least annually through its website www.jud.ct.gov/PREA. The annual reports are approved by the agency head.</p> <p>SSV 2019</p> <p>Sec. 1-210 Access to Public Records. Exempt Records discusses redacted material</p> <p>Interviews were conducted with the agency head, PREA coordinator, and the compliance manager. Staff stated that incident based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training. Annual reports are written according to standard. The compliance manager completes the DOJ SSV. The agency prepares an annual report of its findings from its data review and any corrective actions for each facility, as well as agency as a whole. The annual report does not contain any personal identifiable information.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy reviewed to verify compliance with this standard:</p> <p>1008 Preservation and Retention of Electronic Documents and Data Policy ensures that incident-based and aggregate data are securely retained.</p> <p>Judicial Branch Policy for Addressing PREA requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>Documents reviewed to verify compliance with this standard:</p> <p>Memo stating that all data is securely secured in the PREA Managers office, in a filing cabinet that is locked at all times.</p> <p>2019 PREA Report</p> <p>SSV 2019</p> <p>Website review of PREA Report. The agency removed all personal identifiers before publishing.</p> <p>Office of the Chief Court Administrator Records Retention Schedule reflects that sexual abuse data is retained for at least 10 years after the date of initial collection.</p> <p>An interview was conducted with the PREA coordinator. Staff stated that the agency reviews data collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detention, and response policies, and training.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 618">During the prior three-year audit period, the agency ensured that each of the four facilities operated by the agency, was audited at least once. The agency is in the first year of the third cycle. The auditor was able to review previous audit reports on the agency website, www.jud.ct.gov/PREA/ . The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents, including electronically stored documents. The auditor was also permitted to conduct private interviews with juveniles.</p> <p data-bbox="252 663 1455 819">During a tour of the facility, the auditor was able to verify that a Notice of Audit was posted in all housing units. Juveniles verified that the Notice of Audit was placed weeks ago and that they were aware of the audit and that they could write a confidential letter and mail it to the auditor, if needed.</p> <p data-bbox="252 864 529 898">Summary of findings:</p> <p data-bbox="252 943 1481 976">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the prior three-year audit period, the agency ensured that each of the four facilities operated by the agency, was audited at least once. The agency is in the first year of the third cycle. The auditor was able to review previous audit reports on the agency website, www.jud.ct.gov/PREA. All final audit reports were posted within 90 days.</p> <p>Summary of findings:</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	

	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

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

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	na

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private 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
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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

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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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 inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes