

PREA Facility Audit Report: Final

Name of Facility: Therapeutic Shelter Adult Residential Program

Facility Type: Community Confinement

Date Interim Report Submitted: 02/27/2021

Date Final Report Submitted: 04/08/2021

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: Walter J Krauss	Date of Signature: 04/08/2021

AUDITOR INFORMATION	
Auditor name:	Krauss, Walter
Email:	waltjk@aol.com
Start Date of On-Site Audit:	01/11/2021
End Date of On-Site Audit:	01/12/2021

FACILITY INFORMATION	
Facility name:	Therapeutic Shelter Adult Residential Program
Facility physical address:	142 Griggs Street, Waterbury, Connecticut - 06702
Facility Phone	
Facility mailing address:	141 E. Main Street, 4th Floor, Waterbury, Connecticut - 06702

Primary Contact

Name:	Chris Desroches
Email Address:	cdesroches@wellmore.org
Telephone Number:	203-725-5839

Facility Director

Name:	John Keane
Email Address:	jkeane@wellmore.org
Telephone Number:	2035741419

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site

Name:	Christie Hunnicutt LCSW
Email Address:	chunnicutt@wellmore.org
Telephone Number:	2037551143

Facility Characteristics

Designed facility capacity:	23
Current population of facility:	9
Average daily population for the past 12 months:	8
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 and older
Facility security levels/resident custody levels:	Community Confinement (Locked facility)
Number of staff currently employed at the facility who may have contact with residents:	17
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION

Name of agency:	Wellmore Behavioral Health, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	141 East Main Street, 4th floor, Waterbury, Connecticut - 06702
Mailing Address:	
Telephone number:	203-755-1143

Agency Chief Executive Officer Information:

Name:	Gary Steck
Email Address:	gsteck@wellmore.org
Telephone Number:	203-755-1143

Agency-Wide PREA Coordinator Information

Name:	Chris Desroches	Email Address:	cdesroches@wellmore.org
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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.

Wellmore Behavioral Health's Therapeutic Shelter received an on-site PREA audit on January 11th and January 12th, 2021 by Walter J. Krauss, Psy.D., DOJ Certified PREA Auditor. During the Pre-Audit phase, the auditor reviewed a variety of documentation provided by the agency and facility. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. Dr. Krauss contacted the agency Vice President of Adult Services prior to the site visit to discuss the agenda and to provide information on how best to facilitate the on-site auditing process. The auditor provided an agenda via email for the site visit and requested additional information be made available on the first day of the audit. This additional information included resident rosters with housing unit assignments and staff rosters broken down by job title and shift.

The on-site audit began with a meeting between the PREA Auditor, PREA Coordinator, Vice President of Adult Services, and the facility's Program Manager. The discussion briefly focused on the audit process, the interim/final 45-day report, Corrective Action Plan period if required, and the final report. The meeting was followed by a comprehensive tour of the facility.

During the tour, the auditor observed PREA audit notices and Zero Tolerance posters throughout the facility where both residents and staff could readily view or access the information in both English and Spanish. Residents are permitted to use their cell phones or staff phones upon request at any time to access outside victim support services.

The tour included all areas of the facility, which includes a basement, the main, or first floor, where all the facility programming takes place, and the two upper levels where the residents are housed. During the tour, areas identified included, but were not limited to, the basement, an admissions office, medication room, programming and clinician offices, conference/group room, kitchen/food service room, dining area, a client intake bathroom and shower, two housing units each with separate bathroom and shower areas that allow for privacy.

Interviewees were 'randomly' selected by the auditor for both residents and staff. Because the population was only nine at the time of the audit, all residents were asked to be interviewed. One of the residents refused, but eight of the nine residents met with this auditor to be interviewed, including the only two current CSSD residents in the program. The eight 'random' residents, were each assigned to their own room on the two housing floors. None of the residents spoke Spanish, or any other language, with English as a second language. There were no residents at the facility at the time of the audit who had reported current PREA allegations, reported prior victimization, were identified as cognitively limited or developmentally disabled, or who had identified themselves as gay, lesbian, bisexual, transgender, or intersex. There were no residents identified as having or reported extensive mental health histories and there were no current residents with special needs who required PREA education and information to be provided to them in ways they could better understand.

Sixteen of seventeen staff were interviewed as well, incorporating all levels of staff and across all three shifts. The only facility-based staff person who was not interviewed was on medical leave at the time of the audit. Although only thirteen staff qualified as being identified as 'random' staff based on auditing criteria, fifteen were asked those questions in addition to others for specialized staff. Staff interviews at the agency level included Wellmore Behavioral Health's Chief Executive Officer, Medical Director, Director of Systems Operations, Director of Human Resources, Director of Integrative Care, Vice President of Finance and Administration, PREA Coordinator, as well as multiple extensive conversations with the Vice President of Adult Services during this process. Phone interviews were conducted with the Program Manager of Safe Haven of Greater Waterbury and the Chairman of the Department of Emergency Services of St. Mary's Hospital. At the facility-level, the Program Manager, Case Manager, three Clinicians, one Clinical Intern, and ten Shift Monitors. Facility-based staff were asked additional questions as well to meet process requirements including those questions from the Medical and Mental Health staff, a volunteer (clinical intern) who has contact with residents, intake and screening staff (Counselor), and a staff member who monitors retaliation (Program Manager).

There were no staff who had acted as a first responder to a sexual assault and there was no correspondence sent to the auditor's attention reporting sexual harassment or sexual assault. Therapeutic Shelter has had no reported allegations of sexual assault since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well within this auditing cycle.

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.

Therapeutic Shelter is a locked community-based confinement and treatment center that is run by Wellmore Behavioral Health, both which are located in Waterbury, Connecticut. According to the agency brochure, "Wellmore Behavioral Health promotes lifetime wellness through essential and innovative treatment and support." The facility provides case management and intensive treatment services for adult men age 18 and over. It is a short-term program with residents staying generally between ten to fourteen days. The facility is licensed to accommodate twenty three residents, but currently the maximum is set at eighteen residents, three of which are allocated for Court Support Services Division (CSSD) residents and fifteen for Department of Mental Health and Addictions Services (DMHAS) residents.

Therapeutic Shelter previously admitted both male and female residents; however, as of September 2016, only male residents are admitted to the program. On the first day of the on-site PREA audit, there were nine residents at the facility, two of which were CSSD residents and the remaining seven referred by DMHAS.

The facility contains a basement, main or first floor, and two residential housing floors. Although there is no difference in the criteria for assigning residents to either the second or third floor, the residents on each floor are restricted from accessing a floor to which they are not assigned. Residents housed on the second floor can enter from the front stairwell and those on the third floor through the back stairwell.

They can only enter and leave through those doors, thereby restricting residents from accessing a housing floor to which they are not assigned. The second and third floors contain a total of five single and six multi bedrooms between them with each floor containing a room with three separate showers and another bathroom with three toilet stalls, each allowing for resident privacy. On the main floor is a separate "Client Bathroom" that allows new intakes or residents identified as high risk for victimization to use the single combination bathroom and shower in privacy.

There is a total of seventeen facility-based staff that cover the three shift per day system: 1st shift is 8:00 AM to 4:00 PM; 2nd shift is 4:00 PM to 12:00 AM; 3rd shift is 12:00 AM to 8:00 AM. There are two Shift Monitors assigned to cover each shift with the exception of Saturday and Sunday's 3rd shift which has one Shift Monitor during those hours. Shift monitors tour the housing areas every two hours during the 1st and 2nd shifts and hourly during the 3rd shift.

Upon entrance to the locked facility, one will find the lobby and then the "Admissions Office" to the left where staff counselors and the clinical intern share a large open area and office. Resident intake interviews had previously been conducted in this area upon admission, but currently most intakes are conducted in the staff office down the hall since it has a camera in the room for surveillance. Visitors are asked to sign in on a form that specifies that the facility is a zero tolerance facility. Staff report and residents confirm that they are provided PREA education, verbally and in writing, almost immediately by the Program Manager or Counselors. Resident property is inspected and they are asked to change their clothes at least long enough for them to be washed in the laundry room across from the staff office and next to the Client Bathroom where they then shower in privacy.

Throughout the facility, there are PREA audit announcements stating that the audit would take place on January 11th and 12th, zero tolerance posters, as well as signs on “How to Report Suspected or Complaints of Abuse at a Wellmore Facility” in both English and Spanish.

There is a medical office/exam room on the main floor where medical staff conduct evaluations and store resident medications. Residents are responsible for taking their medications as prescribed. Staff supervise residents while they take their medications, but they do not touch the medications. Residents housed at the facility are offered at least six hours of medical coverage. Wellmore’s Medical Director provides oversight to all clinical programs and is on call 24/7 for medical issues that arise on site.

In the event of a sexual assault, residents would be transferred to St Mary’s Hospital in Waterbury, CT where there are three Sexual Assault Nurse Examiners (SANE) or similarly trained staff available to address such needs. Safe Haven in Waterbury, CT is available to residents for toll free private crisis calls and as victim advocates who can accompany residents when meeting with the SANE, if requested.

Additional outside resources available to residents are referenced, including contact information, within the Wellmore PREA pamphlet Sexual Abuse Resource List provided to residents upon admission. These resources include the Connecticut Alliance to End Sexual Violence, the Waterbury Police Department, the State of CT Office of Victim Advocate, the National Sexual Violence Resource Center, the Rape/Abuse Incest National Network, and 211 of Connecticut.

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:	0
Number of standards met:	41
Number of standards not met:	0

It is clear that Wellmore Behavioral Health and the Therapeutic Shelter program continue to demonstrate a firm commitment to meeting PREA Standard requirements not only in policy, but in practice as well.

This auditor left the on-site visit confident that the residents are safe and have an excellent understanding of what they need to do in the event of sexual harassment or sexual abuse at this facility. Throughout the process, the agency and facility staff interviewed were professional and knowledgeable of the PREA requirements as well as most resources available at the facility level. Administration continues to be responsive to concerns, open to suggestions, and encouraged the auditor to provide feedback on how the facility could improve where applicable. Overall, it was a pleasure to work once again with the Administration and staff during this process, and this auditor was appreciative of the facility's hospitality and ability to facilitate this process efficiently as requested.

Communication and its value in the effective implementation of the PREA requirements were evident throughout this process via documentation and staff interactions with this auditor. Surveillance camera coverage includes the use of 25 Axis M3004-4 Fixed Dome Network Cameras, which are integrated through a network digital recorder. There are no cameras positioned outside the facility or within the basement, which is off limits to the residents unless under direct staff supervision.

Despite the use of the aforementioned technology, a significant number of blind spots remain where surveillance is not readily available. These blind spots present additional security challenges, which were shared with Administration. Specific concerns related to blind spots/ surveillance camera coverage included those found in the large closet in Bedroom 3-7, side room of the "Admissions Office", large closet in the Medication Room, Laundry Room, all staff offices, large walk-in closets throughout the facility, and throughout the basement.

While this is not required as part of the PREA standards in order to be certified, it is recommended that staff either install more cameras to address identified blind spots found in this audit and the previous one in 2018 or consider implementing an electronic monitoring system to ensure the appropriate completion of rounds to include searching certain blind spot areas routinely. Another recommendation is that a second Shift Monitor is assigned/hired for the Saturday and Sunday 12 AM-8 AM shifts to help ensure the safety of the residents, not to mention staff as well. All other days and shifts have at least two staff assigned, not just one as is currently the case.

No letters were received from residents in advance of the audit nor were there any residents that reported being sexually assaulted while at the facility during the site visit or within documentation reviewed within the past twelve months. Furthermore, Therapeutic Shelter has reported no incidents of sexual assaults since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well. Therefore, for standards where this applies, if there were no examples within the facility, then there were no examples within the agency overall.

It shall be noted that when residents were asked if they felt safe at this facility, they did not hesitate to indicate that they did. Most residents offered unsolicited compliments of the staff and program.

While there were multiple written policy and minor issues identified during the process in need of corrective action that are addressed within the appropriate Standard description in the next section, the more salient issues will be described in this one.

Website

When the auditor reviewed the agency website with regard to PREA, there was a link visitors to the site could click on for more information on PREA. The link connects you to a page that has the name of the PREA Coordinator, but writes out "phone number" rather than actually providing it. The PREA page also offered the anonymous hotline but no phone number and then a line that says '3rd party' with no information provided. There was also a link for 'Connsacs' that is neither an active link nor the agency's current name, which is now the 'CT Alliance to End Sexual Violence'. Finally, the PREA page is not specific to or connected with Therapeutic Shelter, implying that all the residential placements on the page, including Morris House and the Woman and Children's Program, are PREA compliant. Corrective action was to address these issues and share the changes to the website with staff and residents, all verified by staff and residents signing that they had received and understood it. At the time of the Interim Report, the corrective action had been initiated, but was still pending. During the corrective action period, all modification and enhancements were completed as requested. Please see the following link to connect with the agency's website specific to PREA: <https://www.wellmore.org/prea>.

Corrective Action: 115.213

While administration staff meets at least three times per year to discuss PREA-related concerns, the minutes did not adequately reflect that all of the components in this standard are addressed in calculating adequate staffing levels and determining the need for video monitoring. According to the standard and when doing so, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors.

Also, whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.

Corrective action required the administration to reconvene and ensure all the elements of this standard are addressed and subsequently incorporated into meeting minutes. Administration uploaded the meeting minutes as requested as evidence of completion and decided to meet monthly, rather than annually, to review these items and ensure they are addressed.

Corrective Action: 115.216

Six of thirteen random staff interviewed were aware of but unclear as to how to use the Language Link service staff have available to them for resident interpretation services. Administration was asked to provide refresher training for staff to address the use of Language Link as well as all methods of communication with impaired residents, including those who are visually impaired. Evidence of staff training in these areas and the use of "My Language Link" was pending at the time the Interim Report was submitted; however, staff training was provided with evidence of such training uploaded during the corrective action phase as requested.

Corrective Action: 115.217

One staff had a background check completed in 2020 but it had been seven years since it was done previously. Another was addressed and rectified in the previous PREA audit, and another was last completed for another staff on 12-10-14 (Staff #1). In total, six of seventeen staff needed a second background check because it had been at least five years since the last one had been completed. Three of six had not had their most recent criminal background checks within five years of the last one completed. Only one had not been redone or found at the time of the on-site audit. Corrective action included uploading evidence that the criminal background check for 'Staff #1' was completed and cleared of any disqualifying offenses as well as updating policy indicating that background checks are completed at least every five years at Wellmore's PREA facilities, or specifically the Therapeutic Shelter. Both the policy was updated and the background check completed as requested, clearing Staff #1 of any disqualifying offenses.

Corrective Action: 115.221

Administration was asked to provide refresher training to further educate residents on the services available to them through Safe Haven and other resources. In addition to other identified areas, it was suggested that staff provide key points and have residents sign off that the training has been received and is understood. At the time the Interim Report was submitted, evidence of the requested training was still pending; however, staff and resident training was completed with evidence of such training uploaded as requested during the corrective action phase.

Corrective Action: 115.222(c)

While reviewing the website, there was no evidence found regarding a separate entity's responsibility for conducting criminal investigations as well as those by the agency itself on the website. As a result, administration was asked to update the website to include this information and other inconsistencies identified. Administration was asked to provide staff and residents with a review of the changes to the website and have them sign off that they received and understood such training. While most of the inconsistencies and enhancements were completed prior to the Interim Report submission, administration subsequently uploaded the PREA Policy to the website, provided evidence of staff and resident training, and a link to the Waterbury Police Department describing their involvement in criminal investigations related to sexual assault was added to the agency website. Please see the two following links as evidence for standard compliance: <https://www.wellmore.org/prea> and https://www.wtbypd.org/divisions/de_tective-divisions.

Corrective Action: 115.231

Of the sixteen staff whose records were reviewed, eight did not receive training prior to working

independently with residents. Of three staff with dates of hire in 2020, there was one where no evidence of training was found although that staff person reported he had received it from Relias online. The other two had evidence of required training. Corrective action requested providing evidence of the missing individual's completed training signature sheet, which was found and uploaded to the Online Audit System prior to the submission of the Interim Report.

Corrective Action: 115.233

Six of thirteen random staff interviewed were aware of but unclear as to how to use the Language Line service staff have available to them for resident interpretation services. Administration was asked to provide refresher training for staff to address the use of the Language Line as well as all methods of communication with impaired residents, including those that are visually impaired. Evidence of staff training in these areas and the use of "My Language Link" was pending at the time of the Interim Report submission; however, the information has since been provided and evidence of such training was uploaded during the corrective action period.

Corrective Action: 115.251

Therapeutic Shelter did not have an external reporting option to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. With PREA Resource Center clarification provided in 2020 in the Frequently Asked Questions section of the auditing process for 115.251 (b), it was determined that the Safe Haven option provided to residents would not meet the requirement of this standard after the auditor contacted the agency and spoke to the Program Manager. Multiple local and statewide options were contacted by this auditor as well as Wellmore staff with no success in tracking down a suitable option. Scott Catey from Impact Justice was contacted multiple times via email and via a group teleconference for consultation on January 22, 2021. A final option included using '211 of Connecticut', but an agreement was pending at the time this Interim Report was submitted; however, the agreement was finalized and uploaded during the corrective action period, directing 211 of Connecticut staff to permit anonymous calls and to contact administration when allegations of sexual assault are made.

Administration was asked to provide refresher training for residents to address any changes to the external agency contact information, and information about the support services available to them, including those provided by Safe Haven, as well as information about the arrangement between Wellmore Behavioral Health and the 211 of Connecticut hotline. It was suggested that staff provide key points on a sheet and have residents and staff sign off that the training has been received and is understood. The corrective action was not completed by the time the Interim Report was submitted; however, all requested information and training was completed and uploaded to the Online Auditing System during the corrective action phase.

Corrective Action: 115.253

It was noted that mailing addresses were not written on the PREA pamphlet, signs, and the third party and sexual assault resource lists as required. Administration was asked to add addresses to those resources and provide refresher training for residents to also provide a description of the services available to them, including Safe Haven, and make it clear that if phone calls are made for such services, the in-house facility phones are not monitored. Administration was requested to provide training sheets with key points and signatures as verification for each resident and staff to ensure compliance as well as provide updated resource lists, posters, and the PREA pamphlet. At the time the Interim Report was

submitted, the requested information was still pending; however, during the corrective action phase, all evidence of resident training was completed and uploaded to the Online Auditing System as requested.

Corrective Action: 115.254

Third party reporting needs to be more clear and consistent across signs, the agency website, and the PREA pamphlet. While touring the facility and reviewing the posters, PREA pamphlets, and later the website, there was a lack of consistency in what options were available. For example, what was listed on one poster as a third party contact (CT Department of Correction) as well as the PREA pamphlet, was not noted on the website. Later it was noted that the option was no longer available since the program has not accepted Department of Correction inmates since before the last completed PREA audit in 2017. The auditor also requested that the program update its 'Third Party Reporting Lines' list as the numbers contacted was (1) for a DMHAS staff person who had retired in 2017 and (2) the Marshal's office and their staff were not aware of what PREA is and are not the kind of program that would provide such service to the program. Once completed, the staff were asked to update all the forms that include third party reporter contact information to ensure consistency as well as accuracy across documentation, including the PREA pamphlet, the agency website, and facility posters. Furthermore, staff and residents will be informed of the changes in a training with signed verification that the information was both received and understood. At the time the Interim Report was submitted, the corrective action was still pending; however, during the corrective action phase, all updates to the forms and pamphlet were completed and evidence of resident and staff training was completed and uploaded to the Online Auditing System as requested.

Corrective Action: 115. 271

Staff were unclear as to who can conduct administrative (specialized) investigations as well as the difference between an administrative review and where the line is drawn to it becoming a criminal investigation. Provide key points on a sheet and have staff sign off that the training has been received and is understood. Provide the training sheets with signatures as verification for each staff to ensure compliance. At the time the Interim Report was submitted, this request was still pending; however, during the corrective action phase, all evidence of staff training was completed and uploaded to the Online Auditing System as requested.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Wellmore Prison Rape Elimination Act (PREA) Compliance', 'PREA-Disciplinary Sanctions for Staff', and 'PREA-Disciplinary Sanctions for Residents' policies were reviewed as was Wellmore's organizational chart. The Chief Executive Officer, PREA Compliance Manager, PREA Coordinator, and the Program Manager were interviewed.</p> <p>Therapeutic Shelter has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outline the prevention, detection, reporting, and response to sexual abuse and sexual harassment allegations. All staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Definitions that mirror the PREA Standards are included in the PREA Compliance policy as well as sanctions for those who violated policy. All interviewed shared their knowledge of the strategies and responses towards PREA allegations. The PREA Coordinator reported sufficient time to attend to PREA duties.</p> <p>Therapeutic Shelter is committed to maintaining an environment free from sexual abuse and sexual harassment of residents. Zero tolerance regarding resident sexual assault and harassment is mandated. Sexual abuse and sexual harassment of residents is prohibited by State and Federal law. (28 CFR 115.11) All staff will have access to and be familiar with the Prison Rape Elimination Act Standards.</p> <p>It is essential to note that the PREA Coordinator is actually lower on the organizational hierarchy than the PREA Compliance Manager, who is also the Vice President of Adult Services; however, it is clear that the PREA Coordinator is well-respected and involved in all things PREA throughout the Wellmore Behavioral Health system. The PREA standards do not require a facility to have a PREA Compliance Manager within community confinement settings, so having both a PREA Coordinator and a PREA Compliance Manager actually exceeds the standard and this auditor did not require the job titles to be changed.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Therapeutic Shelter is compliant with this standard and does not contract with other agencies for confinement of their residents. Rather, Wellmore Behavioral Health contractually agreed to meet PREA requirements at Therapeutic Shelter so that three of the eighteen beds at the Therapeutic Shelter would be allocated to house State of Connecticut / Court Support Services Division (CSSD) residents. This contract was renewed 7-1-20 and is effective through 6-30-23. Administration was asked to upload relevant pages of the Purchase of Service (POS) contract and that information was provided as requested.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The 'Therapeutic Shelter Staffing Plan' was reviewed and the Chief Executive Officer, PREA Coordinator, and Program Manager were interviewed to determine compliance.
	<p>Corrective Action:</p> <p>While administration staff meets at least three times per year to discuss PREA-related concerns, the minutes did not adequately reflect that all of the components in this standard are addressed in calculating adequate staffing levels and determining the need for video monitoring. When doing so, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors.</p> <p>Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.</p> <p>Corrective action required the administration to reconvene and ensure all the elements of this standard are addressed and incorporated into meeting minutes. Administration sent the meeting minutes as requested and have decided to meet monthly instead of annually to review these items and ensure they are addressed.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocol entitled, 'Searches of Residents, Visitors, and Facility' and 'PREA Training Cover Letter' was reviewed and thirteen interviews with random staff were conducted to assist with the determination of compliance or non-compliance.</p> <p>Program staff do not participate in pat-down searches, conduct strip searches or participate in visual body cavity searches. Staff never physically touch residents as part of their search procedures. Instead, residents are directed to empty and turn out their pockets; open and visually assess wallets, book bags, backpacks, or any other accessory of suspicion; removal of jackets, coats, and footwear; and will ask a resident to conduct their own personal search of waistbands. Administration was asked to provide a curriculum the staff would receive related to conducting searches. The PREA Coordinator indicated that there is no specific curriculum on searches other than reviewing the policy with staff, which is done every other year and upon orientation. This was evident by the 'PREA Training Cover Letter'.</p> <p>Staff will not physically search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p>Staff of the opposite gender are trained to announce their presence when entering a housing unit when there is not another staff member of opposite gender already assigned to the post. The announcement must be loud enough that residents can hear the announcement.</p> <p>During the eight random resident interviews, five reported that opposite gender staff announce their presence when entering a housing unit as part of common practice. The other three residents reported that they were not sure because they had never seen female staff on the unit, but all nine reported that they had never been in full view of any staff while changing, showering, or using the bathroom.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy & Procedure 'Providing Meaningful Communication with Persons with Limited English Proficiency' and 'Resident Education', Wellmore Behavioral Health's 'Cultural Competency and Diversity Plan', Language Identification Flashcards, I Speak Cards, and a business associate agreement between Wellmore Behavioral Health and Language Link Corp, were reviewed to determine compliance with this standard. Interviews with thirteen random staff were also conducted.</p> <p>The agency has established policy to provide for educational services for residents with disabilities to be provided information at intake and assistance on PREA allegations, including reporting. Staff arrange for education in formats for those residents identified as disabled. Agency policy also addresses the provision of interpreters to those residents with a non-English primary language; however, the program only admits residents who speak English well enough to benefit from their group programming and other related services. If the resident's English is not proficient enough to do so, an alternative placement will be identified to meet those needs. There is a contract in effect with Language Link Corp to provide language interpreter services for residents to assist staff and residents if and when needed.</p> <p>When residents arrive at the facility, residents are immediately provided with a resident handbook and a comprehensive facility-based PREA pamphlet, which clearly states that the facility has zero tolerance for sexual abuse and harassment complete with definitions, immediate steps to take, how to report, and how to get help. The auditor observed PREA audit notices and Zero Tolerance posters throughout the facility where both residents and staff could readily view or access the information in both English and Spanish.</p> <p><u>Corrective Action:</u></p> <p>Therapeutic Shelter administration was asked to add the 'limited circumstances' phrase to the "Meaningful Communication with Persons with Limited English Proficiency" policy to support this standard, which was completed and uploaded to the Online Audit System prior to the Interim Report was submitted.</p> <p>Six of thirteen random staff interviewed were aware of but unclear as to how to use the Language Link service staff have available to them for resident interpretation services. Administration was asked to provide refresher training for staff to address the use of Language Link as well as all methods of communication with impaired residents, including those that are visually impaired. Evidence of staff training in these areas and the use of "My Language Link" was pending at the time the Interim Report was submitted; however, it has since been completed with evidence uploaded as requested during the corrective action phase.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Wellmore Behavioral Health's protocol for 'PREA: Hiring and Promotion Decisions' was reviewed and the Director of Human Resources interviewed to assist with determining compliance.</p> <p>Therapeutic Shelter shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. An applicant shall not be considered for hire if they have 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 refuse; or has been civilly or administratively adjudicated to have engaged in the activity.</p> <p>The agency will ask all applicants and employees who may have contact with residents directly about previous misconduct in the pre-employment background investigation document and during performance evaluation discussions as part of individual job standards ratings.</p> <p>All staff has an ongoing affirmative duty to disclose any such misconduct to their supervisor who will report to their respective captain. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Unless prohibited by law the agency will provide information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request and a signed authorization of release from an institutional employer for whom such an employee has applied to work. Criminal history checks are conducted on every employee and contractor every five years. Background checks will be accompanied by a PREA background consent form and will be kept in a locked area.</p>
	<p><u>Corrective Action:</u></p> <p>Corrective action involved adding the five year requirements for completing background checks to 'PREA: Hiring and Promotion Decisions' protocol and how Wellmore Behavioral Health will ensure its completion, addressing the requirement of informing new employers of any substantiated allegations of sexual abuse or sexual harassment, completing background checks for one employee that was two years past the five year requirement, and examples of completed Interview forms used specifically for Therapeutic Shelter employee new hires or for those considered for promotion was modified to reflect the PREA requirements with regard to 115.217 (a). All requested corrective actions were completed as requested. There were reportedly no promotions at the facility since the last PREA audit in 2017, so there were no related examples to provide. Therapeutic Shelter is the only program in the Wellmore Behavioral Health system that requires PREA compliance, thus there were no promotional examples systemwide as well.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Surveillance camera coverage includes the use of 25 Axis M3004-4 Fixed Dome Network Cameras, which are integrated through a digital video recorder. This technology has enhanced the facility's ability to protect residents from sexual abuse. The most recent cameras were added to the middle and front staff offices in December 2016. There have been no modifications neither in the past twelve months nor since the last PREA audit in December 2017. Recommendations on how to improve surveillance, including ways in which to address blind spots, including the installation of additional cameras, an electronic monitoring system and increased staffing on weekends were shared with the Chief Executive Officer, Vice President of Adult Services, PREA Coordinator, and Program Manager.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocol entitled, 'Evidence, Forensic Medical Examinations, and Administrative Inquiry', a Memorandum of Understanding with Safe Haven of Greater Waterbury for advocacy services, and a letter from St Mary's Hospital in Waterbury explaining their protocol were reviewed.</p> <p>Interviews with the PREA Coordinator and Program Manager as well as phone conversations with the Chairman of the Department of Emergency Services of St Mary's and the Program Manager of Safe Haven of Greater Waterbury all provided information in the determination of compliance.</p> <p>The agency conducts only administrative investigations. Both the PREA Coordinator and Vice President of Adult Services have received the National Institute of Correction's 'Investigating Sexual Abuse in a Confinement Setting' training. Although Therapeutic Shelter staff are not responsible for conducting investigations in the event of a sexual abuse incident, they do assist the Waterbury Police Department with the process at their request, including but not limited to surveillance footage, Incident Accident Reports, etc. The agency follows a uniform evidence protocol when investigating allegations of sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>The agency offers all victims of sexual abuse a forensic medical examination at St Mary's Hospital without cost where evidentiary or medically appropriate. A letter from St Mary's Hospital in Waterbury explained that a Sexual Assault Nurse Examiner (SANE) is on staff that follows the guidelines outlined by the Commission for Standardization of Collection of Sexual Assault Evidence in Connecticut. Evidence that needs to be obtained from a victim's person will be acquired by the hospital emergency department. A phone interview with the Chairman of the Department of Emergency Services of St Mary's revealed that the hospital currently has three certified SANE's. The contracted medical staff at Therapeutic Shelter will not perform any exams in the event of a sexual abuse case.</p> <p>Phone calls can be made to outside support services twenty four hours per day. Typically residents use their personal cell phones to make calls, but staff phones are always available for use and are not monitored.</p> <p><u>Corrective Action:</u></p> <p>Administration was asked to provide refresher training to further educate residents on the services available to them through Safe Haven and other resources. In addition to other identified areas, it was suggested that staff provide key points on a sheet and have residents sign off that the training has been received and is understood. At the time the Interim Report was submitted, evidence of the requested training was still pending; however, staff and resident training was completed and evidence uploaded as requested during the corrective action phase.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocol entitled, 'Evidence, Forensic Medical Examinations, and Administrative Inquiry', was reviewed. Interviews with the PREA Coordinator and Program Manager also provided information in the determination of compliance.</p> <p>Therapeutic Shelter staff will not be responsible for conducting investigations in the event of a sexual abuse incident, but does assist the Waterbury Police Department with the process at their request, including but not limited to surveillance footage, Incident Accident Reports, etc. The agency follows a uniform evidence protocol when investigating allegations of sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency conducts only administrative investigations. Both the PREA Coordinator and Vice President of Adult Services have received the National Institute of Correction's 'Investigating Sexual Abuse in a Confinement Setting' training.</p> <p>The agency offers all victims of sexual abuse a forensic medical examination at St Mary's Hospital without cost where evidentiary or medically appropriate. A letter from St Mary's Hospital in Waterbury explained that three Sexual Assault Nurse Examiners (SANE) are on staff that follow the guidelines outlined by the Commission for Standardization of Collection of Sexual Assault Evidence in Connecticut. Evidence that needs to be obtained from a victim's person will be acquired by the hospital emergency department. The contracted medical staff at the facility will not perform any exams in the event of a sexual abuse case.</p> <p>The PREA pamphlet is provided to all residents upon admission and is available on the agency website at https://wellmore.org/prea. It describes what actions staff will take, including contacting the Waterbury Police Department immediately to initiate an investigation in response to any sexual assault.</p> <p><u>Corrective Action:</u></p> <p>No evidence for 115.222 (c) was found regarding a separate entity's responsibility for conducting criminal investigations as well as those by the agency itself on the website. As a result, administration was asked to update the website to include this information and address other inconsistencies. While most of the inconsistencies and enhancements were completed prior to the Interim Report, administration uploaded the PREA Policy, evidence of staff and resident trainings, and a link to the Waterbury Police Department describing their involvement in criminal investigations.</p> <p>Please see the two following links as evidence for standard compliance:</p> <ul style="list-style-type: none"> • <https://www.wellmore.org/prea> • <https://www.wtbypd.org/divisions/protective-divisions>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'PREA Employee Training and Education' protocol was reviewed and various trainings were reviewed including the PREA training curriculum. Interviews with thirteen random staff were also conducted in determining compliance with this standard.</p> <p>The agency policy requires annual training for all staff in all areas identified within the standard. Staff receive a refresher training every two years and in between receive refresher training on other policies and procedures related to PREA, sexual abuse, and sexual harassment. Interviews with staff confirmed they completed training and staff were generally able to articulate the training they had received. Employee training documentation found that all staff had completed their training and the program was asked to upload examples of three staff to include initial PREA training, bi-annual trainings, and refresher training on the interim years, which was provided as requested.</p> <p>All staff are trained on the Prison Rape Elimination Act (PREA) prior to working independently with the residents and receive a refresher every two years to include the ten required elements of the standard.</p> <p><u>Corrective Action:</u></p> <p>Of the sixteen staff whose records were reviewed, only three staff had new hire dates in 2020. Two of the three had evidence of initial PREA training and another did not during the on-site audit. Corrective action involved locating that staff person's training record if they could. It was found and uploaded to the Online Audit System prior to the auditor's submission of this Interim Report.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'PREA Employee Training and Education' and 'PREA-Notification and Reporting' protocols and various trainings were reviewed including the PREA training curriculum. Although the facility does not have volunteers per se, they did have an unpaid clinical intern at the facility who was hired on October 26, 2020 and interviewed to assist in determining compliance with this standard.</p> <p>The agency policy requires annual training for all staff in all areas identified within the standard. The staff receive a refresher training every two years. Volunteers, or in this case a clinical intern, receive the same training and orientation as a staff member would receive. The interview confirmed he completed training and understood the material presented.</p> <p>Any volunteers, contractors, or visitors entering the facility are required to sign a visitor's log which explains the facility maintains a zero tolerance policy. These individuals would also receive the PREA pamphlet as well. Employee training documentation was provided as was an actual completed volunteer/contractor sign in sheet as requested prior to this auditor's submission of the Interim Report.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy & Procedure 'Providing Meaningful Communication with Persons with Limited English Proficiency' and 'Resident Education', Wellmore Behavioral Health's 'Cultural Competency and Diversity Plan', Language Identification Flashcards, I Speak Cards, and a business associate agreement between Wellmore Behavioral Health and Language Link Corp were reviewed. Interviews with Intake staff and eight random residents were conducted as well to determine compliance with this standard.</p> <p>The agency provides education in formats accessible to all residents, including those who are limited in English proficiency, deaf, or otherwise disabled, as well as to residents who have limited reading skills.</p> <p>The agency has established policy to provide for educational services for residents with disabilities to be provided information at intake and assistance on PREA allegations, including reporting. Staff arrange for education in formats for those residents identified as disabled. Agency policy also addresses the provision of interpreters to those residents with a non-English primary language. There is a contract in effect with Language Link Corp to provide language interpreter services for those appropriate residents.</p> <p>When residents arrive at the facility, residents are immediately provided with a resident handbook, 'A Sexual Assault Prevention for Residents' handout, and a comprehensive facility-based PREA pamphlet, which clearly states that the facility has zero tolerance for sexual abuse and harassment complete with definitions, immediate steps to take, how to report, and how to get help. The auditor observed PREA audit notices and Zero Tolerance posters throughout the facility where both residents and staff could readily view or access the information in both English and Spanish.</p> <p>Nine of nine residents received the basic PREA education within twenty four hours of admission.</p> <p><u>Corrective Action:</u></p> <p>Therapeutic Shelter administration was asked to add the 'limited circumstances' phrase to the "Meaningful Communication with Persons with Limited English Proficiency" policy to support this standard, which was completed and uploaded to the Online Audit System.</p> <p>Six of thirteen random staff interviewed were aware of but unclear as to how to use the Language Line service staff have available to them for resident interpretation services. Administration was asked to provide refresher training for staff to address the use of the Language Line as well as all methods of communication with impaired residents, including those that are visually impaired. Evidence of staff training in these areas and the use of "My Language Link" was still pending at the time of the Interim Report submission, but was completed and uploaded as requested. Administration was also asked to add signed examples where residents had received and understood the PREA education upon orientation, which was also completed and uploaded as requested.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocol entitled, 'Evidence, Forensic Medical Examinations, and Administrative Inquiry', was reviewed as well as completed training documentation. An interview with the PREA Coordinator and the PREA Compliance Manager also provided information in the determination of compliance.</p> <p>Both the PREA Coordinator and Vice President of Adult Services/PREA Compliance Manager have received the National Institute of Correction's 'Investigating Sexual Abuse in a Confinement Setting' training. Evidence of such training was provided and uploaded as requested. Therapeutic Shelter staff, however, will not be responsible for conducting criminal investigations in the event of a sexual abuse incident, but does assist the Waterbury Police Department with the process at their request, including but not limited to surveillance footage, Incident Accident Reporting (IAR) documentation, etc. The agency follows a uniform evidence protocol when investigating allegations of sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency conducts only administrative investigations.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Adult Residential Employee PREA Training and Education' protocol was reviewed and two specialized staff interviewed to reflect the requirements of this standard. All medical evaluations in response to a sexual assault would occur at St Mary's Hospital in Waterbury, CT, where staff trained as Sexual Assault Nurse Examiners would conduct them.</p> <p>Administration provided evidence that all four staff had completed the required training and the verification sheets were uploaded on to the Online Audit System.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to determine compliance with this standard, the 'Screening / Re-Assessment for Risk of Sexual Victimization and Abusiveness' protocol, 'PREA Risk Screening' protocol, the Intake PREA Screening tool, and seventeen risk screening samples were reviewed. Eight random resident interviews were also conducted as were those with staff that complete the risk assessments, including Clinicians and the Program Manager.</p> <p>All nine of the current residents received the risk assessment intake screen within 48 hours of arrival to the facility, eight of those nine within 24 hours. Documentation was provided prior to leaving the onsite visit and staff were asked to upload examples for the Online Audit System.</p> <p>Of the nine current residents, two had been at the facility long enough to be re-screened for risk within 30 days of the initial risk assessment screening as required. Both were completed as required. There were no reported examples where additional information had been received or requests or referrals had been made to conduct a reassessment. There were also no reported incidents of sexual assault allegations since the last PREA audit in 2017 and no examples where a re-screening would be required within the Wellmore system as Therapeutic Shelter is the only program that requires compliance with the PREA standards.</p> <p>The "PREA Risk Screening" protocol states that newly admitted residents are housed in a single room for up to 72 hours until the PREA screening process can be completed. Furthermore, an objective screening tool developed by the South Dakota Department of Corrections was adopted, classifying each resident as a Potential Aggressor (PA), Potential Victim (PV), Mix (MX), or NS (not scored) which determines who can or cannot share a room in the housing unit. Administration was asked to provide an example of each result, which they did as requested.</p>

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to determine compliance with this standard, the 'Screening / Re-Assessment for Risk of Sexual Victimization and Abusiveness' protocol, 'PREA Risk Screening' protocol, and seventeen risk screening samples were reviewed. Eight random resident interviews were also conducted as were those with the PREA Coordinator and staff that complete the risk assessments including Clinicians and the Program Manager.</p> <p>When a resident is identified as being at risk as a result of the screening and any other information that may be factored in, it is the Program Manager's responsibility to work with staff to determine the best outcome for the residents and the facility. Residents may be assigned to single, multi bed rooms, or next to the staff office on a temporary basis. Residents may also shower in the single combination bathroom/shower across from the staff office.</p> <p>Standards require that both residents classified as potential high risk for abuse and/or those at high risk for victimization are identified in order to provide appropriate protections. Residents at Therapeutic Shelter are identified specifically as being in at least one of four categories, not just two, which will be described further in this section.</p> <p>Transgender or intersex residents are given housing or programming assignments on a case by case basis and such decisions are made with serious consideration given to respect to the individual's own safety. No transgender or intersex residents have been admitted to the program since the last PREA audit in 2017 and because there are no other Wellmore programs that require PREA compliance, there are no examples systemwide as well.</p> <p>The 'PREA Risk Screening' protocol requires newly admitted residents to be housed in a single room for up to 72 hours until the PREA screening process can be completed. An objective screening tool developed by the South Dakota Department of Corrections is utilized and classifies each resident as a Potential Aggressor (PA), Potential Victim (PV), Mix (MX), or NS (not scored). As a result of the screening, the following outcomes result in the following placements:</p> <ol style="list-style-type: none"> 1. Clients identified as PA can be housed with another PA or NS 2. Clients identified as a PV can be housed with a PV or NS 3. Clients identified with an NS can be housed with any other outcome 4. Clients identified as MX can be housed with another MX or PV 5. Some clients may receive a single room assignment regardless of score.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Prison Rape Elimination Act (PREA) Compliance', 'Incident Accident Reporting', and 'Notification and Reporting' policies were reviewed as were the 'Therapeutic Shelter House Notice', 'How to Report', and third party reporting posters, the updated PREA pamphlet, and 'Sexual Assault Prevention for Residents' handouts provided to residents upon admission. Interviews with the PREA Coordinator, Program Manager, eight random residents, as well as phone conversations with the Program Manager of Safe Haven of Greater Waterbury also provided information in the determination of compliance.</p> <p>Therapeutic Shelter provides multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Staff accepts reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports. Staff may report sexual abuse and sexual harassment of residents at any time to any member of the command staff that they are comfortable with.</p> <p>The agency provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll free hot line numbers. The organization allows for twenty four hour access to facility phones and these agencies or organizations.</p> <p>The system for the "PREA Hotline" was revamped during the audit in 2017 such that only upper level designated administration can answer the phone and that calls are answered immediately rather than being left on a voice mail, if possible. As a result, a direct line to the PREA Coordinator was set up. If he cannot answer, then a voice mail message can be left. The PREA Coordinator will check his messages at least twice per day.</p> <p>Throughout the facility, there were PREA audit announcements that the audit would take place on January 11th and 12th, zero tolerance posters, as well as signs on "How to Report Suspected or Complaints of Abuse at a Wellmore Facility" in both English and Spanish.</p> <p>Safe Haven in Waterbury, CT is available to residents for toll free private crisis calls and as victim advocates who can accompany residents when meeting with the SANE, if requested. Additional outside resources available to residents are referenced, including contact information within the Wellmore PREA pamphlet 'Sexual Abuse Resource List' provided to residents upon admission. These resources include the Connecticut Alliance to End Sexual Violence, the Waterbury Police Department, the State of CT Office of Victim Advocate, the National Sexual Violence Resource Center, and the Rape/Abuse Incest National Network.</p> <p><u>Corrective Action:</u></p> <p>Therapeutic Shelter did not have an external reporting option to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency</p>

officials, allowing the resident to remain anonymous upon request. With PRC clarification provided in 2020 in the Frequently Asked Questions section of the auditing process for 115.251 (b), it was determined that the Safe Haven option provided to residents would not meet the requirement of this standard after the auditor contacted the agency. Multiple local and statewide options were contacted by this auditor as well as Wellmore staff with no success in tracking down a suitable option. Scott Catey from Impact Justice was contacted multiple times via email and via a group teleconference for group consultation on January 22, 2021. A final option was being considered using 211 of Connecticut, but an agreement was pending at the time the Interim Report was submitted.

Administration was asked to provide refresher training for residents to address any changes to the external agency contact information, and information about the support services available to them, including those provided by Safe Haven. It was suggested that staff provide key points on a sheet and have residents and staff sign off that the training has been received and is understood. Administration was asked to provide the training sheets with signatures as verification for each staff to ensure compliance and information about the arrangement between Wellmore Behavioral Health and the 211 of Connecticut hotline. The corrective action was not completed by the time the Interim Report was submitted; however, during the corrective action period the staff and resident training was completed and uploaded as was the newly developed contract between 211 of Connecticut and Wellmore Behavioral Health, thereby meeting all elements of this standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Resident Grievance' protocol and 'Client Grievance' policy and procedure were reviewed and the PREA Coordinator and Program Manager interviewed to determine compliance with this standard.</p> <p>A resident may file a grievance at any time to bring a problem to staff's attention. Third parties including residents, staff members, family members, attorneys or others shall be permitted to assist a resident in filing requests for administrative remedies relating to sexual abuse and will also be permitted to file such requests on the resident's behalf. If a resident declines to have a request processed on their behalf in situations of alleged sexual abuse, the administration will document the resident's decision.</p> <p>The agency will ensure that a resident who alleges sexual abuse or harassment may submit a grievance without submitting to the staff person who is the subject of the complaint. A grievance should never be filed with a staff person involved in a complaint, and should be immediately forwarded to the Program Manager / PREA Coordinator. If neither is available at the time of report, the Vice President of Adult Services should be notified immediately.</p> <p>After receipt of an emergency grievance alleging a resident is subject to substantial risk of imminent sexual abuse the facility shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days.</p> <p>There have been no grievances submitted or allegations of sexual abuse in the past twelve months at Therapeutic Shelter. The only facility required to be compliant with the PREA standards within the Wellmore Behavioral Health agency is the Therapeutic Shelter, so as a result, there were no examples of related grievances in the past three years neither within this program nor within the agency as well.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Prison Rape Elimination Act (PREA) Compliance' policy and 'Access to Confidential Support Services' protocol were reviewed as were the PREA pamphlet and 'Sexual Assault Prevention for Residents' handout provided to residents upon admission. Interviews with the PREA Coordinator, Program Manager, eight random residents, as well as phone conversations with the Program Manager of Safe Haven of Greater Waterbury also provided information in the determination of compliance.</p> <p>Therapeutic Shelter provides multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The agency provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll free hot line numbers. The organization allows for twenty four hour access to facility phones and these agencies or organizations.</p> <p>Throughout the facility, there were PREA audit announcements that the audit would take place on January 11th and 12th, zero tolerance posters, as well as signs on "How to Report Suspected or Complaints of Abuse at a Wellmore Facility" in both English and Spanish.</p> <p>Safe Haven in Waterbury, CT is available to residents for toll free private crisis calls and as victim advocates who can accompany residents when meeting with the SANE, if requested. Additional outside resources available to residents are referenced, including contact information, within the Wellmore PREA pamphlet Sexual Abuse Resource List provided to residents upon admission. These resources include the Connecticut Alliance to End Sexual Violence, the Waterbury Police Department, the State of CT Office of Victim Advocate, the National Sexual Violence Resource Center, and the Rape/Abuse Incest National Network.</p> <p><u>Corrective Action:</u></p> <p>Administration was asked to provide refresher training for residents to provide a description of the services available to them, including Safe Haven, and make it clear that if phone calls are made for such services, the facility phones are not monitored. It was suggested that staff provide key points on a sheet and have residents sign off that the training has been received and is understood. Administration was requested to provide training sheets with signatures as verification for each staff to ensure compliance as well as provide updated resource lists, posters, and the PREA pamphlet. At the time the Interim Report had been submitted, this request was still pending; however, during the corrective action phase evidence of staff and resident training as well as updated resource lists, posters, and PREA pamphlets were uploaded as requested. As a result, all elements of this standard have been met.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Resident Grievance' protocol and 'Client Grievance' policy and procedure was reviewed and the PREA Coordinator and Program Manager interviewed to determine compliance with this standard.</p> <p>Third parties including residents, staff members, family members, attorneys or others shall be permitted to assist a resident in filing requests for administrative remedies relating to sexual abuse and will also be permitted to file such requests on the resident's behalf. If a resident declines to have a request processed on their behalf in situations of alleged sexual abuse, the administration will document the resident's decision.</p> <p>The PREA pamphlet is provided to all residents upon admission and is available on the agency website: https://wellmore.org/prea. Information on how to report sexual abuse or harassment is provided within it, including those made by third parties.</p> <p><u>Corrective Action:</u></p> <p>The auditor requested that the program update its 'Third Party Reporting Lines' list as the numbers contacted by the auditor were for one office, which had no knowledge of how or why they would be involved and another where the phone number was for a staff person in another agency that had retired 3 years ago. Once completed, the staff were asked to update all the forms that include third party reporter contact information to ensure consistency as well as accuracy across documentation, including the PREA pamphlet, the agency website, and facility posters. Furthermore, staff and residents will be informed of the changes in a training with signed verification that the information was both received and understood. At the time the Interim Report was submitted, the corrective action was still pending; however, during the corrective action period, all requested changes and evidence of staff and resident training were completed and uploaded to the Online Audit System. As a result, all criteria have been met and the program is compliant with this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Evidence, Forensic Medical Evaluations, and Administrative Inquiry', 'PREA-Agency Protection Against Retaliation' and 'Prison Rape Elimination Act (PREA) Compliance' policies were reviewed as were the PREA pamphlet and 'Sexual Assault Prevention for Residents' handout provided to residents upon admission. The Chief Executive Officer, PREA Coordinator, and the Program Manager were interviewed.</p> <p>Therapeutic Shelter has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. All staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to supervisors, staff will not reveal 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>Therapeutic Shelter is committed to maintaining an environment free from sexual abuse and sexual harassment of residents. Zero tolerance regarding resident sexual assault and harassment is mandated. Sexual abuse and sexual harassment of residents is prohibited by State and Federal law. (28 CFR 115.11). Staff interviews confirmed findings.</p> <p>The agency policy requires all staff, volunteers and contractors to immediately report any knowledge, information or suspicion of sexual abuse or sexual harassment, and any violation or neglect of responsibility, to administration. Policy and interviews confirmed that staff are not allowed to share information with anyone who does not have a need to know.</p> <p>Medical and mental health practitioners are required to report sexual abuse and to inform residents of the practitioners' duty to report, and the limitations of confidentiality, at the initiation of service. There are no residents under the age of 18. If the alleged victim is considered a vulnerable adult, the agency will report the allegation to Adult Protection Services.</p> <p><u>Corrective Action:</u></p> <p>Corrective action required updating policies to ensure all elements of this standard are included in policy, specifically sections (a)-(c). Administration updated the 'PREA-Agency Protection Against Retaliation' to include those elements as requested.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Evidence, Forensic Medical Examinations and Administrative Inquiry' protocol and the 'PREA Incident Checklist' were reviewed. The Chief Executive Officer, PREA Coordinator, Program Manager, as well as thirteen random staff were also interviewed to help determine compliance with this standard. While all interviews confirmed compliance with this standard, corrective action was needed to modify the policy by adding section (a), which was completed.</p> <p>The agency requires immediate action to protect residents who report sexual abuse. All staff are required to take immediate action to protect residents from imminent sexual abuse. Staff were able to articulate this requirement during the interviews.</p> <p><u>Corrective Action:</u></p> <p>All staff are required to take immediate action to protect residents from imminent sexual abuse. When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). As requested, this section was added to 'Evidence, Forensic Medical Examinations and Administrative Inquiry'.</p> <p>Therapeutic Shelter has had no such examples since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Notification of Investigations and Reporting' protocol was reviewed and the Chief Executive Officer, PREA Coordinator, and the Program Manager were interviewed to determine compliance.</p> <p>If a resident admitted to a Wellmore facility alleges an instance of sexual abuse at a prior facility, the Program Manager must notify the previous facility of this allegation. This must occur within 72 hours of an allegation being made. Therapeutic Shelter has had no such examples since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p> <p>During the prior audit conducted by this auditor it was noted that in October 13, 2017 one resident reported a sexual assault that had occurred at a prior facility from another agency to a staff member. The prior facility was contacted that same day and informed of the allegation as required. A well written Incident Accident Report was completed at that time.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'PREA Compliance' policy and procedure, 'Evidence, Forensic Medical Examinations and Administrative Inquiry' protocol, and the 'PREA Incident Checklist' were reviewed. The Chief Executive Officer, PREA Coordinator, Program Manager, as well as thirteen random staff interviewed to help determine compliance with this standard. Therapeutic Shelter has had no instances of sexual abuse allegations that required the first responder protocol to be employed since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The ‘Prison Rape Elimination Act Compliance’ policy and procedure, ‘Evidence, Forensic Medical Examinations and Administrative Inquiry’ protocol, PREA Incident Checklist, and updated PREA pamphlet were reviewed. The Chief Executive Officer, PREA Coordinator, and Program Manager were also interviewed to help determine compliance or non-compliance with this standard. Policy demonstrates that Therapeutic Shelter has a 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; however, there have been no instances that required this type of coordinated response in the past twelve months. This was confirmed via the interview process as well.</p> <p>Therapeutic Shelter has had no examples whereby a coordinated institutional plan was needed to be activated since the last PREA audit in December 2017. Therapeutic Shelter is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to the 'PREA: Hiring and Promotions' protocol, the agency is not entered into any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual assault 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.</p> <p>This was confirmed through interviews with the Chief Executive Officer and the Director of Human Resources.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Prison Rape Elimination Act Compliance' policy and procedure and 'PREA-Agency Protection Against Retaliation' protocol were reviewed. Interviews with the Chief Executive Officer, PREA Coordinator, and Program Manager confirmed findings.</p> <p>The agency protects all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other residents or staff. The Therapeutic Shelter Program Manager is responsible for monitoring retaliation against residents or staff. The agency will employ any necessary protection measures, such as housing changes, transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting or cooperating with investigations.</p> <p>For at least 90 days following a report of sexual abuse, the agency will monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest retaliation. The Program Manager will monitor retaliation against residents or staff. They will monitor resident disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff. The monitoring will continue beyond 90 days if the initial monitoring indicates a continued need. Such monitoring will include status checks with residents based on presentation and need. If other individuals who cooperate with an investigation express fear of retaliation, the agency will take appropriate measures to protect them. The obligation to monitor will terminate if the allegation is unfounded.</p> <p>Therapeutic Shelter has had no instances that required such actions since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no examples agency-wide as well.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Prison Rape Elimination Act Compliance' policy and procedure, 'Evidence, Forensic Medical Examinations and Administrative Inquiry' protocol, and 'Data Collection' protocol were reviewed. The Chief Executive Officer, PREA Coordinator, and Program Manager were also interviewed to help determine compliance with this standard.</p> <p>Therapeutic Shelter staff are not responsible for conducting criminal investigations in the event of a sexual abuse incident, but does assist the Waterbury Police Department with the process at their request, including but not limited to surveillance footage, Incident Accident Reports, etc. The agency follows a uniform evidence protocol when investigating allegations of sexual abuse that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The agency conducts only administrative investigations. Both the PREA Coordinator and Vice President of Adult Services have received the National Institute of Correction's 'Investigating Sexual Abuse in a Confinement Setting' training. Evidence of this training was provided and uploaded as requested.</p> <p>Investigations are conducted promptly, thoroughly, and objectively for all allegations, including third party reports. Where sexual abuse is alleged, the agency will use investigators who have received special training in sexual abuse investigations pursuant to 115.234. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with the Waterbury Police Department as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff. The agency will not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.</p> <p>Therapeutic Shelter has had no incidents of sexual assault allegations since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Evidence, Forensic Medical Examinations and Administrative Inquiry' protocol was reviewed. Both the PREA Coordinator and Vice President of Adult Services have received the National Institute of Correction's 'Investigating Sexual Abuse in a Confinement Setting' training. Evidence of this training was provided as requested. As a result, the PREA Coordinator was also interviewed to help determine compliance or non-compliance with this standard. The agency policy imposes no standard greater than a preponderance of the evidence in determining the outcome of an investigation.</p> <p>Therapeutic Shelter has had no instances of sexual assault allegations since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no examples agency-wide as well.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocol on 'Notification and Reporting' was reviewed and interviews with the Chief Executive Officer and PREA Coordinator were conducted to determine compliance with this standard. Administration updated the protocol upon request to adequately address the standard from a policy perspective.</p> <p>Although there were no sexual abuse allegations in the past twelve months, following an investigation into a resident's allegation that he suffered sexual abuse in the facility, the agency would inform the resident as to whether the allegation was substantiated, unsubstantiated, or unfounded. Following a resident's allegation that a staff member committed sexual abuse against the resident, the agency would inform the resident (unless the agency has determined the allegation to be unfounded) whenever;</p> <ol style="list-style-type: none"> 1. The staff member is no longer assigned to the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns from the prosecuting authority that the staff member has been indicted on a charge related to sexual abuse within the facility. <p>Following a resident's allegation that he had been sexually abused by another resident, the agency will subsequently inform the alleged victim whenever the prosecuting authority has notified the agency that:</p> <ol style="list-style-type: none"> 1. The alleged abuser has been indicted on a charge related to sexual abuse within the facility or 2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility. <p>All such notification or attempted notifications will be documented. An agency's obligation to report under this standard terminates if the resident is released from the agency's custody.</p> <p>Therapeutic Shelter has had no instances that required such actions since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p> <p><u>Corrective Action:</u></p> <p>The protocol on 'Notification and Reporting' was missing two elements, (a) and (b,) required to be compliant with this standard. Administration updated the protocol upon request to adequately address the standard from a policy perspective.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocol for 'Disciplinary Sanctions for Staff' was reviewed and the Chief Executive Officer, PREA Coordinator, and Director of Human Resources were interviewed to help determine compliance with this standard. Interviews suggested compliance and all elements of the standard are addressed in policy.</p> <p>Therapeutic Shelter has had no substantiated or reported instances of sexual assault since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no examples agency-wide as well.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Notification and Reporting' protocol was reviewed and an interview with the PREA Coordinator conducted to help determine compliance with this standard.</p> <p>Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will 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 residents.</p> <p>Therapeutic Shelter has had no incidents involving a contractor or volunteer that required such actions since the last PREA audit in December 2017. Therapeutic Shelter is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 'Disciplinary Sanctions for Residents' protocol was reviewed and interviews with the Chief Executive Officer, PREA Coordinator, and Director of Human Resources were conducted to assist in determining compliance with this standard. The facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. All other elements of the standard are included in policy. Therapeutic Shelter has had no instances that have required such actions since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocols on 'PREA-Medical and Mental Health Care' and 'Evidence, Forensic Medical Examinations and Administrative Inquiry', a Memorandum of Understanding with Safe Haven of Greater Waterbury for advocacy services, and a letter from St Mary's Hospital in Waterbury explaining their protocol were reviewed. Interviews with the PREA Coordinator, Program Manager, Clinicians, the Program Manager of Safe Haven of Greater Waterbury, and the Chairman of the Department of Emergency Services of St Mary's also provided information in the determination of compliance.</p> <p>The agency offers all victims of sexual abuse a forensic medical examination at St Mary's Hospital without cost where evidentiary or medically appropriate. A letter from St Mary's Hospital in Waterbury explained that a Sexual Assault Nurse Examiner (SANE) is on staff that follows the guidelines outlined by the Commission for Standardization of Collection of Sexual Assault Evidence in Connecticut. A phone interview with the Chairman of the Department of Emergency Services of St Mary's revealed that the hospital currently has three certified SANE's with another three set to take the class. Evidence that needs to be obtained from a victim's person will be acquired by the hospital emergency department. The medical staff at Therapeutic Shelter will not perform any exams in the event of a sexual abuse case.</p> <p>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. Victims are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards or case, where medically appropriate.</p> <p>Therapeutic Shelter has had no instances that have required such actions since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocols on 'PREA-Medical and Mental Health Care' and 'Evidence, Forensic Medical Examinations and Administrative Inquiry', a Memorandum of Understanding with Safe Haven of Greater Waterbury for advocacy services were reviewed and interviews with the PREA Coordinator, Program Manager, Clinician, and the Program Manager of Safe Haven of Greater Waterbury also provided information in the determination of compliance.</p> <p>The agency offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. The evaluation and treatment of victims includes, as appropriate, follow up services, treatment plans, and when necessary, referrals for continued care following their transfer to other facilities, or their release from custody. SAFE Haven of Greater Waterbury and the Connecticut Alliance to End Sexual Violence are available to provide follow up mental health services. Victims are provided medical and mental health services consistent with the community level of care. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. 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>Therapeutic Shelter has had no reported or substantiated allegations of sexual assault that have required these services since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p> <p><u>Corrective Action:</u></p> <p>Administration was asked to modify the protocol on 'PREA-Medical and Mental Health Care' to add the four elements in this standard not included within it, including 115.283 (a,b,c, and h), which was completed as requested.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocols on 'Sexual Abuse Incident Reviews' and 'Incident Accident Reporting' were reviewed as was the 'PREA Sexual Abuse Incident Review Form' and the 'PREA Outcomes Table'. Interviews with the Chief Executive Officer, PREA Coordinator, and Program Manager confirmed findings.</p> <p>The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation is unfounded. This review will occur within 30 days of the conclusion of the investigation. Therapeutic Shelter has had no allegations of sexual assault that have required such actions since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocol on 'Data Collection' was reviewed and interviews with the Chief Executive Officer, PREA Coordinator, and Program Manager confirmed findings.</p> <p>The agency collects accurate, uniform data for every allegation of sexual abuse at all facilities using a standardized instrument and set of definitions and aggregate the incident-based sexual abuse data at least annually at the end of the calendar year. The data includes at a minimum the data necessary to answer all the questions for the most recent version of the Survey of Sexual Violence. The agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30th.</p> <p>The program provided annual data from 2015-2020 as evidence in meeting this standard as well as the 'PREA Outcomes Table'. Therapeutic Shelter has had no reported incidents of sexual assault since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no examples agency-wide as well within this auditing cycle.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The protocol on 'Data Review, Storage, Publication and Destruction' was reviewed as was the agency website. Interviews with the PREA Coordinator confirmed findings.</p> <p>The agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an on-going basis; and 3. Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. <p>The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. This information in addition to the 'PREA Outcomes' table was developed and uploaded to the Online Audit System as requested.</p> <p>Specific material is redacted from the report when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted.</p> <p>Therapeutic Shelter has had no reported allegations of sexual assault since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well within this auditing cycle.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The ‘Security Awareness and Training–Password Management’ policy and the protocol for ‘Data Review, Storage, Publication and Destruction’ were reviewed as was annual data uploaded to the Online Audit System. Interviews with the Chief Executive Officer, Director of Systems Operations, and PREA Coordinator confirmed findings.</p> <p>The PREA Coordinator ensures that data collected pursuant to 115.287 are securely retained. The agency makes all aggregated sexual abuse data, from all facilities under its control and all facilities with which it contracts, readily available to the public at least annually through the website although there is only one facility within the agency that requires PREA certification. Before making the data available, all personal identifiers are/will be removed. Sexual abuse data collected pursuant to 115.287 will be retained for at least 10 years after the date of the initial collection.</p> <p>Therapeutic Shelter has had no reported allegations of sexual assault that have required such actions since the last PREA audit in December 2017 and is the only facility within the agency that requires PREA compliance, thus there were no such examples agency-wide as well within this auditing cycle.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Wellmore Behavioral Health currently has only one facility that requires PREA Compliance: Therapeutic Shelter. It was audited initially in December 2014 and again in December 2017, both times determined to be compliant with the PREA standards. During the on-site visit in January 2021, this auditor had access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documentation or they were uploaded to the Online Audit System as requested. All resident and staff interviews were conducted in private rooms. No correspondence was received by the auditor prior to the on-site audit or within the interim prior to completing this report.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has published on its agency website the prior PREA reports conducted in December 2014 and December 2017 and they have been instructed to post this Final PREA report within ninety days of issuance by this auditor.

Appendix: Provision Findings

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

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no

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

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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

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

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (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
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

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

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

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

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

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	no
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: 4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial 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
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

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

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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