

PREA Facility Audit Report: Final

Name of Facility: Journey House Program

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/31/2022

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: Adam T. Barnett, Sr.	Date of Signature: 10/31/2022

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	09/26/2022
End Date of On-Site Audit:	09/27/2022

FACILITY INFORMATION	
Facility name:	Journey House Program
Facility physical address:	189 Storrs Road, Mansfield Center , Connecticut - 06250
Facility mailing address:	

Primary Contact	
Name:	Christy Calkins
Email Address:	Christy.Calkins@hhchealth.org
Telephone Number:	860-455-5791

Superintendent/Director/Administrator	
Name:	Johnathan Simpson
Email Address:	jonathan.simpson@hhchealth.org
Telephone Number:	860-336-8761

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

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	5
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	12-20
Facility security levels/resident custody levels:	Locked Residential/Committed Delinquent
Number of staff currently employed at the facility who may have contact with residents:	38
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:	Natchaug Hospital
Governing authority or parent agency (if applicable):	
Physical Address:	189 Storrs Road, Mansfield Center, Connecticut - 06250
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information**Name:** Jonathan Simpson**Email Address:** jonathan.simpson@hhchealth.org**SUMMARY OF AUDIT FINDINGS**

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-26
2. End date of the onsite portion of the audit:	2022-09-27

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	5
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	5
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	38
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	2
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Requested a copy of the resident's roster with diverse information.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	The facility had five residents during the onsite audit period.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Requested a copy of the resident's roster with diverse information, along with interviewing staff.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>9</p>

76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	Designee was interviewed.
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the PREA Coordinator:	Interviewed Facility PREA Compliance Manager.
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

No text provided.

Documentation Sampling

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

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

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	No investigations.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

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

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No investigations.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
Identify the name of the third-party auditing entity	Diversified Correctional Services, LLC

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Natchaug Hospital Policy and Procedures Manual, 2.2, Resident Rights, requires that residents have a right to be free from harm by caregivers and others and Policy 1.26, Sexual Assault Prevention and Intervention prohibit sexual acts or physical contact between clients. Journey House also has a “No Touch Policy” to promote the building of healthy relationships and healthy boundaries and set clear standards for all residents regarding physical contact Touch between residents is prohibited (with an exception that there is a provision for staff or residents to give a pat on the back for support or a brief hug which will be supervised by staff). Horseplay, tickling, touching or sexual contact is absolutely prohibited. Staff are trained in Non-Violent Crisis Intervention that may require contact. Staff receives a power point presentation and training on 14 “no touch”.</p> <p>The Agency has indicated its commitment to the sexual safety of residents by appointing a PREA Coordinator, who is identified on the agency organizational chart and who has sufficient time and authority to implement PREA. The Journey House Program Director serves as the PREA Coordinator. She reports directly to the Vice President of Operations. The facility has a PREA Compliance Manager as well. The PREA compliance manager has sufficient time and authority to implement the PREA Standards within the program. The Natchaug Hospital, Journey House annual report reiterates the zero-tolerance policy toward all forms of sexual abuse and harassment.</p> <p>Residents are given a copy of a brochure entitled “Sexual Assault Awareness”. Residents are informed of the Zero Tolerance Policy in that brochure. Zero Tolerance Posters are posted throughout the facility in areas accessible and in view of residents and staff.</p> <p>Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul style="list-style-type: none"> • The position of the PREA coordinator in the agency’s organizational structure: Yes. <p>Interviews:</p> <ul style="list-style-type: none"> • Facility PREA Compliance Manager: Was ask, do you have enough time to manage all of your PREA related responsibilities? She does feel like she has enough time to manage all of her PREA responsibilities. • Facility PREA Compliance Manager: Was ask, discuss how you coordinate your facility’s efforts to comply with the PREA standards? She coordinates Journey House’s efforts to comply by; being familiar with the standards, attending trainings when necessary. The facility does conduct regular audits to ensure that the residents, and staff comply with trainings requirements, the facility following all the PREA policies and make sure that they are up to date.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Journey House is a private, non-profit agency. Journey House does not contract for the confinement of its clients with other private agencies or entities. The facility provided a copy of the contract with the Connecticut Judicial Branch Court Support Services Division, Juvenile Residential Services. The contract requires compliance with the Prison Rape Elimination Act. In addition, the contracted agency must meet all standards in accordance with all State and Federal Laws.</p> <p>Medical and psychological trauma of sexual abuse will be minimized as much as possible by prompt and appropriate health interventions. The facility ensures that juveniles and staff are educated about sexual abuse and sexual harassment issues. Juveniles are monitored for risk and referred for appropriate services. Victims of alleged sexual abuse, who are in the custody of the Department, will immediately be referred for treatment.</p> <p>Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul style="list-style-type: none"> • The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 0 • The number of above contracts that did not require contractors to adopt and comply with PREA standards: 0 <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Specialized Staff: Was ask, how do you monitor each contract for confinement services to determine if the contractor complies with required PREA practices? Journey House does not contract for the confinement of our clients.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 365">Natchaug Hospital Policy and Procedure Manual, 7.18, Staffing Levels/Staffing Plan with Assessment, Journey House states that direct care staff at Journey House is determined by contractual obligations. Minimum staffing levels are based by the numbers of residents. Video monitoring enhances supervision.</p> <p data-bbox="242 396 1481 521">Each residential living area has (2) cameras, school hallway, (1) camera and the kitchen dining area (1) camera, these cameras record video for up to 90 days. The Program Director and Assistant Director have the ability to access the cameras via computer application and view in real time. In addition, the courtyard has (4) cameras, (1) camera is located in the laundry room and (1) in the seclusion room.</p> <p data-bbox="242 553 1485 880">The monitors displaying video of the cameras are located in the downstairs staff office and in central area upstairs. Staff monitors the video footage on a regular basis or as needed after an incident. Policy requires Journey House Supervisors and administrative staff to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Unannounced visits are implemented for night shifts as well as day shifts and staff are prohibited from alerting other staff members that these supervisory rounds are occurring. The Unannounced Rounds Form is comprehensive and includes documenting the number of staff on duty and current staffing ratios. This form also documents the staff conducting the rounds interviewing staff and youth during the visit. A sample of unannounced rounds forms were provided for review. Documentation in the contract with the union employees confirmed that the program would provide overtime if needed to maintain the required ratios. In addition to in house monitoring of the staffing ratios the facility is licensed by the State of Connecticut Judicial Branch.</p> <p data-bbox="242 911 1469 1037">Court Supported Services Division (CSSD) monitors Journey House quarterly. The Journey House Director related that CSSD monitors the facility quarterly including unscheduled visits with the last quarter visit consisting of a three-day comprehensive review. The facility is licensed every two years. Monitoring ratios is also a part of the CSSD on-site reviews. Reviewed Licensing Visits conducted by CSSD did not address any deficiencies in staffing.</p> <p data-bbox="242 1068 770 1095">Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul data-bbox="242 1126 1283 1153" style="list-style-type: none"> • Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 5 <p data-bbox="242 1184 352 1211">Interviews:</p> <ul data-bbox="242 1243 1485 1525" style="list-style-type: none"> • Facility PREA Compliance Manager: Was ask, when assessing adequate staffing levels and the need for video monitoring, please explain if and how the facility staffing plan considers all the requirements of this standard. The facility looks at adequate staffing levels and video supplements on a yearly basis and as needed. The facility would consider factors such as regulatory standards, findings of inadequacy (such as a DCF investigation for a restraint/hold in the gym that happened a few years ago), the acuity of the population, the number of staff needed to complete all on and off-grounds activities, and any other factors that may come up. • Facility Specialized Staff: Was ask, have you conducted unannounced rounds? Yes, review the submitted unannounced rounds.

115.315 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Journey House Policy 6.1, Searches, prohibits cross-gender personal searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. This policy also prohibits “pat down” searches of any youth. Searches to determine the resident’s genital status are prohibited and staff are required to conduct searches in a professional and respectful manner. Youth maybe required to empty their pockets and turn pockets inside out but “pat down” searches are prohibited. Hospital/Journey House policy states that youth identifying as gender non-conforming can request staff of opposite biological identity, “e.g., a male to female transgender youth requesting a search by a female staff person.

Youth are housed in single occupancy rooms. Showers and restrooms on each living unit provide privacy for youth while showering and using the restroom.

Facility Online PREA Audit: Pre-Audit Questionnaire:

- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0
- The number of pat-down searches of female residents that were conducted by male staff: 0
- The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance (s): 0

Onsite Review/Observations:

- During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor observes areas where confined persons may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing units, intake, showers and recreation areas.
- During the site review, the auditor observed the facility critical function of cross-gender announcements. The auditor observes staff announcing their present when entering housing unit/living areas of the opposite gender. Staff knock on the residents’ door.
- During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show persons of confinement naked, using the showers or toilets on camera monitors. . The auditor requested that the control room operator zoom in on randomly selected living units focusing on the showers and toilets. There were no residents’ midsections being view on monitors.
- During the site review, the auditor observed the facility critical function the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the PREA Screening are keep in the residents’ files and maintained in lock file cabinet and rooms. There was no confidential resident information located in places were other residents or staff can review.
- During the site review, the auditor informally interviewed residents regarding staff of the opposite gender announcing the present when enter the living units. All residents indicated yes that staff announced their present.

Interviews:

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: Have you received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs? Eleven staff reported that they are not allowed to conduct cross-gender pat down searches. When probed most of the interviewed staff could articulate that they are to search in a professional and respectful manner and that they receive training that is conducted every year during in-service.
- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: They were asked: Are residents able to dress, shower, and toilet without being viewed by staff of the opposite gender? One hundred percent of staff interviewed stated that residents are allowed to dress, shower, toilet without being viewed by staff of the opposite gender.

During the facility on-site visit, the showers and restroom were observed.

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: “Do you or other officers announce your presence when entering a housing unit that houses residents of the opposite gender (from yourself)?” All staff reported that opposite gender staff announce their presence when entering the housing unit. The staff reported that they will knock on the resident room doors and wait for the resident to response. If there is a concern, the staff would notice a female staff to enter the room.

During the facility on-site visit the auditor observed staff on the tour announcing their presence when entering the housing areas.

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: “Are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining that resident’s genital status?” Eleven (11) reported yes, that they were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining the resident’s genital status, and one (1) said no they were unsure. Some staff were able to further articulate that such determination would be addressed with medical staff.

- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents’ arrival year at the facility was 2022. They were asked. Do female staff announce their presence when entering your housing area or any area where you shower, change clothes, or perform bodily functions? Four reported that staff announce their presence, by knocking on the room door if the door is closed.

- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents’ arrival year at the facility was 2022. They were asked. Are you and other residents ever naked in full view of female staff (not including medical staff such as doctors, nurses)? Four reported they are never naked in full review of staff while showering, dressing, or while using the restroom.

- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents’ arrival year at the facility was 2022. They were asked. Have male staff ever performed a pat down search of your body? All residents reported that no male staff have conducted a pat down search on their body.

115.316	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 432">Journey House Policy, 2.2, Resident Rights, requires that residents have a right to receive culturally competent and linguistically appropriate services. Hospital Policy, 7.17, Interpreter Services, states that the Hospital's Certified Medical Interpreters or Interpreters and Translators, Inc.; will be used to transmit and facilitate effective verbal communication between the service recipient who does not speak English or has limited English proficiency and Natchaug service provider during the following situations:</p> <ul data-bbox="242 461 1469 757" style="list-style-type: none"> • Providing clinic and emergency medical services • Obtaining medical histories • Provision of information concerning patient's rights and advanced directives, informed consent or permission for treatment • Explaining any diagnosis and plan for medical treatment • Explaining any change in regimen or condition • Discharge instructions • Provision of mental health evaluations, group and individual therapy, counseling and crisis intervention • Explaining any medical procedures, tests or surgical interventions • Obtaining financial an insurance information <p data-bbox="242 786 1493 1081">This policy states that all Hospital employees are responsible for taking action to ensure that interpreter services are available for interactions between clients, their families or representatives and other health care providers when interpretation is necessary as identified in policy. 24 Journey House Policy 7.17, Interpretation Services, requires that in accordance with the DCF Policy 2004-08, Delivery of Services in Native and/or Sign Languages, Journey House supports all residents and their families with the delivery of services in their Native Language or with Sign Language. Interpreters are to be provided a no cost, including a certified sign language interpreter. Policy states that "at no time are children to be used as interpreters." It also requires that "competent and/or certified interpreters shall be used at all times when working with children. Services for an interpreter for case related matters, translation, including Braille, of case related documents, are to be provided at no cost to the client or family.</p> <p data-bbox="242 1111 770 1140">Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul data-bbox="242 1169 1461 1263" style="list-style-type: none"> • In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the residents' safety, the performance of first-response duties under 115.64, or the investigation of the resident's allegations: 0 <p data-bbox="242 1292 352 1321">Interviews:</p> <ul data-bbox="242 1350 1493 1771" style="list-style-type: none"> • Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: Does the agency ever allow the use of resident interpreters, resident readers, or other types of resident assistants to assist residents with disabilities who are limited English proficient when making an allegation of sexual abuse or sexual harassment? All random staff reported that resident interpreters are not allowed; nor have resident interpreters, resident readers, or other type of resident assistants been used in relation to allegations of sexual abuse or sexual harassment. All staff reported that they have never seen an instance where an resident was allowed to interpret to report allegations of sexual abuse. • Agency Head Designee: Was ask, has the agency established procedures to provide disabled residents 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? Polices on volubility screenings and currently use the VSAB. The facility also uses single rooms, single showers and monitor all areas when having more than one resident.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Prior to a conditional offer of employment, Journey House Policy, Pre-Employment Checks, requires the hiring manager to complete and document references by three different sources. Applicants are required to answer the three PREA related questions during the interview process. Following reference checks pre-employment services are completed: 1) Criminal Background Check 2) Social Security 3) Medicaid. Medicare fraud inquiry 4) Address verification 5) Previous names used 6) DMV checks for staff who will be driving as a part of their duties 7) State Police Bureau of Identification check for applicable positions 8) Department of Children and Families for record of substantiated complaints 9) State and federal fingerprint checks for all school employees 10) CORI check for anyone who has lived in Massachusetts 11) National data banks for applicable positions. Background checks returned by a contracted background screening vendor, State Police or other sources are reviewed by Human Resources for any violations or potential concerns. Failure to disclose a criminal record (except as permitted by law) or other material information of falsification of information will result in the individual not being hired.

Post - employment background checks will be conducted for all direct care and other 27 employees as applicable. Post-employment background checks and the frequency of those checks are as follows:

- Criminal Background Checks (every two years for direct care employees)
- Professional License verification (at time of expiration date)
- Medicaid/Medicare fraud (annually for all employees)
- Department of Children and Families for record of substantiated complaints (every two years for direct care employees)
- State Police Bureau of Identification (every two years for employees in applicable positions)
- CORI check (every two years for direct care employees living in Massachusetts)
- DMV for license status, date of license expiration and violations for employees who will drive Hospital vehicles (every two years)
- DMV -Check of suspended PSI licenses (weekly)

Facility Online PREA Audit: Pre-Audit Questionnaire:

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 6
- In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0

Interview:

- Facility Specialized Staff: Was ask, does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees and all employees considered for promotions? Do you do this for any contractor who may have contact with residents as well? Yes, the facility performs criminal background checks on newly hired employee, colleagues being considered for a promotion and any contractors who have contact with residents (see Employment Background Screening Policy).
- Facility Specialized Staff: Was ask, does the facility consider prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes, according to the Employment Background Screening Policy, the facility considers any incidents of SH in determining whether to hire or promote anyone, or to enlist services from contractors with direct contact with clients.
- Facility Specialized Staff: Was ask, does the facility consult any child abuse registry maintained by the State or locality in which a potential employee/contractor would work? Yes, the facility checks with DCF.
- Facility Specialized Staff: Was ask, what system does the facility presently have in place to conduct criminal record background checks of current employees and contractor who may have contact with resident? Are these background checks conducted at least once every 5 years? Universal Background Screening and yes backgrounds checks are conducted once every 5 years.
- Facility Specialized Staff: Was ask, does the facility ask all applicants and employees who may have contact with residents

about previous misconduct described in section (a) in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees? Managers asks during interview and document.

- Facility Specialized Staff: Was ask, does the facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct? Yes, stated I Pre-Employment Checks Policy.
- Facility Specialized Staff: Was ask, when a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law? Yes.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 369">An interview with the agency head designee indicated that there has been no upgrades to the facility during the past twelve months there have been several additional cameras added to provide inside and outside coverage, seven (7) additional cameras were installed inside.</p> <p data-bbox="231 369 1508 459">The Program Director provided verification of upgrades to the camera monitoring system since the last PREA Audit period. In addition, a digital video recorder with the capacity to retain video footage for 90 days was also installed.</p> <p data-bbox="231 459 1508 526">Interviews</p> <ul data-bbox="231 526 1508 878" style="list-style-type: none"> <li data-bbox="231 526 1508 705">• Agency Head Designee: Was ask, when designing, acquiring, or planning substantial modification to facilities, how does the agency consider the effects of such changes on its ability to protect residents from sexual abuse? "I always consider the population we work with and making sure any structure changes never decrease the safety. The two recent changes are the outside fence and adding color carpet in front of all bedrooms so staff have a better line of sight for supervision of residents. The increase of sight helps reduce the risk or sexual assault or boundary violations." <li data-bbox="231 705 1508 878">• Agency Head Designee: Was ask, how does the agency use new technology (either newly installed or updated) to enhance the protection of residents from incidents of sexual abuse? "We have added cameras in the building covering most common areas in addition we have two monitors connected so supervisors can watch areas when they are in the middle area. These are also effective when a investigation needs to occur.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The investigating agency for criminal allegations at Journey House is the Connecticut State Police. The Department of Children and Families conducts administrative investigations. The facility does not conduct any investigations.

Journey House Policy, Evidence Protocol and Forensic Medical Examinations, requires Journey House to contact local authorities to investigate allegations of sexual abuse. Journey House offers all victims of sexual abuse access to forensic medical examinations without financial cost. Journey House has a MOU with Windham Hospital to conduct SANE/SAFE examinations.

The MOU indicates that the hospital will offer victims of sexual abuse access to forensic medical exams via Windham Hospital Emergency Room. These are performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If SAFES or SANES are not available, the exam will be performed by other qualified medical practitioners. Journey House has a MOU with Sexual Assault Crisis Center of Eastern CT, Inc., to serve as an advocate for a victim of sexual assault.

- The Connecticut State Police is responsible for investigating allegations of sexual abuse at Journey House. The investigators follow a uniform evidence protocol that is used in obtaining usable physical evidence for administrative and criminal proceedings. Administrative investigations are conducted by Family and Children Support Services.
- According to interviews, the agency protocol is appropriate and adapted from or otherwise based on the most recent edition of the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Residents are offered access to forensic medical examinations at the Windham hospital without financial cost. The Windham hospital or the rape crisis center provides a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) if available. However, if a SAFE or SANE is not available, a qualified medical practitioner will perform the examination. The facility will document activities.
- The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from Sexual Assault Crisis Center of Eastern CT, INC, or a qualified facility staff member.
- The victim advocate, if used, will meet the requirements of qualified organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews, and provides emotional support, crisis intervention, information, and referrals as needed.
- If the agency turns the investigative case over to an outside entity, the agency is responsible for follows up on the outside process.

The facility defines a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

- A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews: 0
- The number of forensic medical exams conducted during the past 12 months reported was zero.
- The number of exams performed by SANEs/SAFEs during the past 12 months reported was zero.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

Onsite Review/Observations:

- During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by persons confined in the facility, including housing/living units. This information is posted near the phones. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. This information is posted near the phones. The information is provided in English and Spanish and is legible.

Interview Results:

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics. The random staff representing staff from all shifts. They were asked: "Do you know and understand the agency's protocol for obtaining unusable physical evidence if a resident alleges sexual abuse?"

During the on-site audit, 12 random staff were interviewed. Ten of the staff could clearly articulate the agency's protocols. The staff that were aware of the protocols, were able to describe the process and steps required to protect physical evidence, which included take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, notify supervisor, secure evidence in a bag, don't allow the resident to shower, bath, brush teethe, and overall treat as a crime scene. Most of the direct care staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Journey House has not had any allegations of sexual assault/sexual abuse or sexual harassment during the audit period. Policy (Journey House, Referrals of Allegations for Investigations) requires that allegations of sexual abuse or sexual harassment are referred for investigation by the local agency responsible for investigations. The Connecticut State Police has been identified as the agency with the legal authority to conduct criminal investigations. The reviewed PREA Incident Check List for Journey House identifies Connecticut State Police. Most of the interviewed staff were aware that the agency responsible for conducting investigations at Journey House is the Connecticut State Police.</p> <ul style="list-style-type: none"> • According to interview with the Program Director, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported for resident-on-resident or staff-on- resident misconduct. • The initial investigation begins immediately by the Department of Department of Children and Families and/or Connecticut State Police. Investigating agencies use a uniform evidence protocol that maximizes the potential for obtaining physical evidence for administrative proceedings and criminal prosecutions. In accordance with agency letter, the local police department is to be notified immediately and assume control of the investigation when appropriate. Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence. An additional interview confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report everything for investigations, including reporting, knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports. • The agency has in place a policy 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. Per policy, substantiated allegations of conduct that appears to be criminal are referred for prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews: <ul style="list-style-type: none"> • The number of allegations of sexual abuse and sexual harassment receive during the past 12 months was zero. • The number of allegations resulting in an administrative investigation during the past 12 months was zero. <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head Designee: Was ask, does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? "Yes, we notify DCF and file a 136 report if we have any allegations of abuse and notify CSSD and internal contacts. • Agency Head Designee: Was ask, describe how an administrative or criminal investigations is completed for allegations of sexual abuse or harassment? "We report a 136 save the seen of possible crime to keep it intact and make sure the resident is safe while DCF or DCF and police do a investigation.

115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Journey House Policy, 3.1, New Employee Orientation, requires all newly employed staff to participate in the HHC Behavioral Health Network/Natchaug Hospital's New Employee Orientation Program. Orientation includes completion of assigned on-line learning programs within 30 days of start and then annually as indicated. Journey House Policy, 7.8, Orientation and Training, provides a brief description of the orientation training provided new employees.</p> <p>Policy requires that PREA Training is provided during orientation and annually thereafter. Interviewed staff related they received their PREA Training via a Power Point presentation. The reviewed power point presentation slides were comprehensive and included the following: PREA and the PREA Standards, Purpose of PREA, Zero Tolerance Policy, Definitions. The facility has trained staff that has contact with residents based on the requirements stated in this standard.</p> <p>A. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service, and other additional training and includes:</p> <ul style="list-style-type: none"> • Zero tolerance for sexual abuse and sexual harassment; o Responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; • Residents' right to be free from sexual abuse and sexual harassment; • The right to be free from retaliation; • Dynamics of sexual abuse and sexual harassment in juveniles' facilities; • Common reactions of juvenile victims of sexual abuse and sexual harassment; • How to detect and respond to signs of threatened and actual sexual abuse; • How to avoid inappropriate relationships with residents; • Communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; • Comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and • Relevant laws regarding age of consent. <p>B. Training is tailored to the gender of the residents at the employee's facility. Review of documentation revealed that staff receive additional training if the staff is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The staff will receive this training through additional pre-service training.</p> <p>C. The agency requires that each employee receive refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures.</p> <p>D. The facility documents, through employee signature verification, the staff understands the training they have received. The facility documents staff training using the training roster, which requires the signature, date and job title of the staff and instructor.</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: Have you received PREA training? And what are some of the topics?" Twelve staff indicated yes, they received PREA training. Staff were aware of the Zero Tolerance Policy, employee and resident rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of staff were knowledgeable of the topics they had been trained in. When probed, staff were able to describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well supportive services available to Residents. Staff indicated they have received training on working with vulnerable populations (LGBTQI, prior history of sexual victimization). The staff reported receiving training in person and online. <p>During documentation review, the auditor reviewed staff training rosters and certificates.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 465">Journey House Policy, 3.1, New Employee Orientation, requires all newly employed staff, interns, volunteers and contractual staff to participate in the HHC Behavioral Health Network/Natchaug Hospital's New Employee Orientation Program. Orientation includes completion of assigned on-line learning programs within 30 days of start and then annually as indicated. Journey House Policy, 7.8, Orientation and Training, provides a brief description of the orientation training provided new employees. Policy requires that PREA Training is provided during orientation and annually thereafter. Interviewed staff related they received their PREA Training via a Power Point presentation.</p> <p data-bbox="242 495 1182 521">The reviewed power point presentation slides were comprehensive and included the following:</p> <ul data-bbox="242 551 970 947" style="list-style-type: none"> • PREA and the PREA Standards • Purpose of PREA • Zero Tolerance Policy • Definitions and Dynamics of Sexual Abuse and Sexual Harassment • Signs and Symptoms of Abuse and Harassment • Resident Education, Red Flags, Trauma, Dynamics of Residential Care • Organizational Culture • Code of Silence • Reporting-Who reports and how • First Responders • Mandatory Reporting • Protection from Retaliation. <p data-bbox="242 976 352 1003">Interviews:</p> <ul data-bbox="242 1032 1485 1128" style="list-style-type: none"> • Agency Head Designee: Was ask, does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? "Yes, we notify DCF and file a 136 if we have any allegations of abuse and notify CSSD and internal contracts."

Auditor Overall Determination: Meets Standard

Auditor Discussion

Journey House Policy 1.5, Client Education, requires that during the intake process, staff notify all clients that Journey House has a zero tolerance for all forms of sexual abuse and sexual harassment, multiple ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents and a way to report to authorities allowing the resident to remain anonymous.

This information is provided in the Resident Handbook.

- Staff interviews and documentation review indicated that during the intake process, residents receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

- Policies require that within 10 days of intake, the facility provides comprehensive ageappropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting these incidents. During intake, residents are given the handbook. During orientation, additional PREA related information is provided and the video is shown. The staff conducting intake/orientation gives residents the opportunity to ask questions to clarify anything they do not understand. Residents acknowledge through interviews and documentation that they received PREA information.

- All residents at the facility received information and have been educated on PREA. Residents that transfer to the facility also receive the required PREA education.

- Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including limited English proficient, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA education in English and Spanish, to include resident handbooks and posters.

- The facility maintains documentation of resident participation and receiving PREA information in the education sessions.

The residents are required to sign a roster; the roster is dated and is witnessed by staff signature. In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to residents through posters, resident handbooks, and other written formats.

A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by staff interview:

- The number of residents admitted during past 12 months who were given this information at intake: 28

- The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 28

Onsite review (Observations) and Testing of Critical Functions/Internal Reporting Methods:

- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, persons confined in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. This information is posted near the phones. The information is provided in English and Spanish and is legible.

- Testing of Critical Functions/Internal Reporting Methods: During the site review, the auditor tested the facility systems by which persons confined in the facility can report sexual abuse and/or sexual harassment electronically via kiosk, tablet, phones, and internal grievance process or written format. The auditor requested that an resident demo the steps of reporting by kiosk, tablet and phones. It was also discussed where and who received the reports.

Interview Results:

- Facility Specialized Staff: Was ask, do you provide residents with information about the agency's zero-tolerance policy and

how to report incidents or suspicions of sexual abuse and sexual harassment? Yes.

- Facility Specialized Staff: Was ask, how do you ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment? Yes, all residents receive information regarding PREA Education and signed receiving the information.
- Facility Specialized Staff: Was ask, how does the agency ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents? The process is the same as above.
- Facility Specialized Staff: Was ask, in general, how long from the date of intake are residents made aware of these rights? The same day of the resident admission.
- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents' arrival year at the facility was 2022. They were asked. When you came here, were you told about:
 - Your right to not be sexually abused or sexually harassed? All four indicated yes.
 - How to report sexual abuse or sexual harassment? All four indicated yes.
 - Your right not to be punished for reporting sexual abuse or sexual harassment? All four indicated yes.
- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents' arrival year at the facility was 2022. They were asked. When you first came here, did you get information about the facility's rules against sexual abuse and harassment? Four residents reported they were given information about the facility's rules against sexual abuse and harassment at admission. When asked how that information was given, residents indicated they were given a PREA brochure or pamphlet and handbook and watch a video.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1490 394">This facility does not conduct investigations. However, the PREA Compliance Coordinator/Program Director has been trained on Investigating Sexual Abuse in a Confinement Setting. If an allegation is an allegation of sexual harassment, investigations are conducted by the Department of Child and Family and if allegations are criminal, investigations are conducted by the Connecticut State Police.</p> <p data-bbox="244 427 770 454">Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul data-bbox="244 488 1177 515" style="list-style-type: none"> • The number of investigators currently employed who have completed the required training: 1

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 421">Documentation was provided to indicate that medical staff have received the specialized training as required in the standards. The facility is on the grounds of a mental hospital and medical staff are located on the grounds and are available to provide services to the youth. Certificates were provided to confirm that mental health staff have received the on-line training for behavioral health staff for dealing with sexual abuse in confinement settings.</p> <p data-bbox="229 421 1509 510">Certificates confirming training were provided documenting that this training was completed on-line as offered by the National Institute for Corrections (NIC).</p> <ul data-bbox="229 510 1509 824" style="list-style-type: none"> <li data-bbox="229 510 1509 600">• Interview with the medical/mental health staff indicated that all fulltime and part-time medical and mental health care practitioners who work regularly in the program have been trained around: <li data-bbox="229 600 1509 645">• How to detect and assess signs of sexual abuse and sexual harassment. <li data-bbox="229 645 1509 689">• How to preserve physical evidence of sexual abuse. <li data-bbox="229 689 1509 734">• How to respond effectively and professionally to victims of sexual abuse and sexual harassment. <li data-bbox="229 734 1509 824">• How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="229 824 1509 958">The medical staff does not conduct forensic examinations. The Windham Hospital conducts all emergency care or treatment to include Sexual Assault Forensic Examinations. The Windham Hospital examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.</p> <p data-bbox="229 958 1509 1072">The facility maintains documentation that medical/mental health practitioners have received the training referenced in this standard. Training rosters and staff meetings sign in sheets were submitted to the auditor. Interviewed health service administrator and documentation confirmed the following training.</p>

115.341	Obtaining information from residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1490 432">Journey House Policy 3.3 Assessments requires that Journey House ensure all residents are screened to assess their risk of being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument. Residents are assessed during the intake process or upon transfer to another facility. The assessment must take place within 72 hours of arrival at the facility. The instrument being used is the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB).</p> <p data-bbox="242 461 647 490">This instrument addresses the following:</p> <ul data-bbox="242 519 1414 846" style="list-style-type: none"> • Prior sexual victimization or abusiveness. • Whether the resident has a mental, physical, or developmental disability • The age of the resident. • The physical build of the resident. • Whether the resident has previously been incarcerated. • Whether the resident’s criminal history is exclusively nonviolent. • Whether the resident has prior convictions for sex offenses against an adult or child. • Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. • Whether the resident has previously experienced sexual victimization. • The resident’s own perception of vulnerability. <p data-bbox="242 875 1452 938">Other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation forms certain other residents.</p> <p data-bbox="242 967 1490 1095">Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses information from conversations with the resident during the intake process, medical and mental health screenings (during classification assessments) and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files.</p> <p data-bbox="242 1124 1490 1218">Interviews and documentation reviewed indicated that the staff does reassess the residents’ risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the resident is identified at risk for victimization or for being at risk for being sexually abusive.</p> <p data-bbox="242 1247 1437 1310">Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to any PREA questions.</p> <p data-bbox="242 1339 1460 1433">The agency implements 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 as described above.</p> <p data-bbox="242 1462 1163 1491">A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:</p> <ul data-bbox="242 1520 1490 2123" style="list-style-type: none"> • The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for medical or mental health within 72 hours of their entry into the facility was 28. • Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents’ arrival year at the facility was 2022. They were asked. When you first came here, do you remember whether you were asked any questions like whether ever been sexually abused, whether you identify with being gay or bisexual, whether you have any disabilities, and whether you think you might be in danger of sexual abuse here? Two residents reported yes to identify with being gay or bisexual, four said yes to that they were asked all the above questions. • Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “do you screen residents upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents?” Yes, all residents are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other resident or sexually abusive toward other residents. • Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “do you screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake?” Staff indicated that most PREA screening is completed within 24 hours of the resident arriving at the facility, but all with 72 hours in accordance with policy.

- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked what the initial risk screening considers? Staff indicated that the PREA screening covers all the requirements listed in 115.41 (b). Staff did list the requirements with the exception of missing one or two.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “do you screen residents upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents?” Yes, all residents are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other resident or sexually abusive toward other residents.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “do you screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake?” Staff indicated that most PREA screening is completed within 24 hours of the resident arriving at the facility, but all with 72 hours in accordance with policy.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked what the initial risk screening considers? Staff indicated that the PREA screening covers all the requirements listed in 115.41 (b). Staff did list the requirements with the exception of missing one or two.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if they reassess a resident’s risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness? Staff indicated reassessments are required within 30 days for resident’s risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if residents are disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening? Staff indicated no, saying residents are not disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “has the agency outlined who can have access to a resident’s risk assessment within the facility in order to protect sensitive information from exploitations?” Staff indicated that the facility has outlined who have access to risk assessment. This includes, the director, associate wardens, captain, counselors, medical, investigators and a need-to-know bases.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if they reassess a resident’s risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness? Staff indicated reassessments are required within 30 days for resident’s risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if residents are disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening? Staff indicated no, saying residents are not disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening.
- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “has the agency outlined who can have access to a resident’s risk assessment within the facility in order to protect sensitive information from exploitations?” Staff indicated that the facility has outlined who have access to risk assessment. This includes, the director, associate wardens, captain, counselors, medical, investigators and a need-to-know bases.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Journey House Policy 3.1 Treatment Model, states that Journey House staff will use the information from the risk screening to inform the program manager or designee of clients at high risk of being sexually victimized and those at high risk of being sexually abusive. Safety plans are developed identifying triggers and other factors that staff need to be aware of in working with the residents. Each youth is housed in single occupancy rooms regardless of how they would score out on the risk assessment. Staff interacts with all residents at a very high level and clinicians are in continuous contact with residents on their caseloads.

Journey House does not use the screening information to determine housing for transgender or intersex residents, housing would be determined on a case-by-case basis and there are no separate or dedicated housing arrangements for either transgender or intersex residents.

Staff indicated that transgender and intersex resident's views with regard to their own safety would be given serious consideration. The facility did not have any transgender or intersex residents during the on-site audit.

Interviewed youth who identified as bisexual or gay related they were treated no differently from any other resident and that they were not housed any differently.

- The facility has a PREA screening instrument and uses the information from a risk screening to inform housing, bed, education and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized by those at high risk of being sexually abusive.
 - Interviewed staff indicated that lesbian, gay, bisexual, transgender, or intersex residents are not placed in housing units, beds, or other assignment solely on the basis on their sexual identification or status. According to staff the facility does not consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of being sexually abusive.
 - The facility did not have any transgender or intersex residents during the audit period. If the facility receives a transgender resident, and in deciding whether to assign a transgender or intersex resident to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Staff interviews indicated that when making placement and programming assignments for each transgender or intersex resident the facility will reassess them to review any threats to safety experienced by the resident.
 - Staff interviews also indicated if they were to have a transgender or intersex resident, the resident's own views with respect to his or her own safety will be given serious consideration.
 - Transgender and intersex residents will be given the opportunity to shower separately from other residents.
- A review of the Pre-Audit Questionnaire Juvenile Facilities confirmed by staff interviews:
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was zero.
 - In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was zero. This facility does not utilize isolation.
 - In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was zero. Interview Results:
 - Interviewed facility PREA compliance manager indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on identification status for protecting such residents.
 - Interviewed staff, to include the facility administrator and PREA compliance manager, indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely on the basis of their sexual orientation, genital status, or gender 54 identity. The facility will house them in the general population unless requested by the resident for special housing for safety issues.
 - Resident Interview: Two resident were interviewed as bisexuals. They were asked. Have you been put in a housing area only for gay (lesbian), bisexual, transgender, or intersex residents? Both resident stated no.
 - Facility PREA Compliance Manager: Was ask, how does the agency or facility use information from risk screening during

intake to keep residents safe and free from sexual abuse? Journey House uses the risk screening information to keep the residents safe. The facility use this information to assign housing, to provide appropriate education, to drive as aspects of the treatment plan, to make referrals to sexual assault crisis centers, to refer for medical care in necessary.

- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “how does the agency/facility use information from the risk screening during intake to keep residents safe from being sexual victimized or from being sexually abusive? Staff indicated that the initial PREA screen are entered into automated PREA Screening Application Tool. This tool processes the ratings which determine which housing the residents will be assigned or programming, education, and work area.

- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked, “are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?” According to staff, when the facility receives a transgender or intersex resident, the facility would meet with each transgender or intersex at least quarterly to review any threats to safety experienced by the resident and document in the automated PREA Screening Application Tool.

- Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if transgender and intersex residents are given the opportunity to shower separately from other residents? According to staff, if the facility receives a transgender or intersex resident, the facility would have a face-to-face meeting with each transgender or intersex coming into the facility and the resident would be asked if they felt vulnerable and if so, what the facility might do to make them feel safer. Staff indicated the resident’s views for their own safety would be given serious consideration. They also stated if the resident requested to shower separately because of safety and personal issues, the facility would strive to arrange that. Housing assignments for each transgender and intersex residents would be made, according to staff, based on the PREA assessment and the resident’s feelings regarding safety.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Journey House Policy, Resident Reporting, 1.27 Abuse and Neglect, 1.15 Clients Complaints and Grievances, 2.14 Mail, 2.3 Residents Grievances, requires that the program provide multiple internal ways for residents and staff to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation or responsibilities that may have contributed to such incidents.

Operating procedures state that staff will accept reports in writing, anonymously and from third parties and can privately report thru the electronic event reporting system under Professional Conduct, and contact the appropriate state agency/accreditation agencies: Joint Commission and the Department of Children and Families.

One hundred percent of interviewed staff stated they are mandated reporters. They also stated they have been trained that they are to take any allegation or report or even a suspicion of sexual abuse or sexual harassment seriously and report it. When asked, they stated they did not care how the report or knowledge or allegation came to them, they would accept it and report and let someone else investigate. Staff, when asked about their response to an allegation of sexual abuse or sexual harassment, stated they would report it immediately, after stopping the abuse and protecting the resident, to their supervisor. This verbal report would be followed with a written report as soon as possible but not later than the end of the shift.

Staff were aware that the PREA Compliance Manager would be notified and then most were aware that the Connecticut State Police would also receive the notification and report and would then investigate. A number of the interviewed staff reported that the Department of Children and Families would be notified as well. Natchaug Hospital Policy, Significant Event Reporting Protocol, identifies a host of events that qualify as "significant" and how they are to be reported. Any time a staff believes a significant event has occurred he/she will refer, as needed, to the "on-call" list.

A list of staff to be called include the Program Director or Clinical Director, Parole/Probation Officer, Master Control Careline, Therapist, Parent/Guardian or DCF Social Worker as needed and Local Police (if applicable). Written documentation is to be completed within the shift and not later than 12 hours include: Report incident via Natchaug Hospital's on-line system, fax a summary progress note to the Parole/Probation Officer, DCF (Master Control after hours), document in the resident's chart and hold a Critical incident review meeting within 5 days of the incident.

The facility reported they have had no allegations of sexual abuse or sexual harassment during the past 12 months.

Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for residents to report privately to agency/facility officials regarding sexual abuse and sexual harassment, retaliation by other residents or staff, to include staff neglect or violation of responsibilities that may contribute to PREA incidents.

The following are internal reporting ways:

- Grievance process
- Tell the social worker
- Reporting to any staff member either verbally or in writing
- Hotline
- Staff Request Form
- Writing an anonymous note

Interviews with staff and documentation indicated that the facility has established at least one way for residents to report abuse or harassment to a public or private entity that is not part the facility, that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, and allow the resident to remain anonymous upon request.

The following are external reporting ways:

- Hotline
- Family members as third-party

Staff interviews indicated that they accept reports made verbally, in writing, anonymously, and from third parties and report and document any verbal reports by the ended of the shift.

A review of the Pre-Audit Questionnaire Juvenile Facility confirmed by interviewed staff:

- In the past 12 months, the number of residents detained solely for civil immigration purposes was zero.

- In the past 12 months, the number of residents detained solely for civil immigration that was provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security zero.

Onsite Review/Observations and Testing of Critical Functions/Internal Reporting Methods:

- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, persons confined in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by persons confined in the facility, including housing/living units. This information is posted near the phones. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. This information is posted near the phones. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility provide persons confined access to writing instruments, paper and forms to report with.
- During the site review, the auditor observed how mail moves from person of confinement to the facility mailroom. It starts with the person of confinement placing the mail in a lock drop box. Which was located where residents have access.

Interview Results:

The facility does not detain residents solely for civil immigration purposes. However, if they receive and resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

All seven interviewed residents stated that they had multiple ways to report. Most the residents reported that they could communicate with staff, write a grievance report, or tell family. All the residents indicated that they could report sexual abuse or harassment to someone who does not work at the facility;

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: "How can residents privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment?" Staff reported that the residents can privately report by using the hotline number, their tablets, notify staff, family, or friends. The reports can be made verbally or in writing. All interviewed staff reported that if an resident makes a report verbally or in writing, regarding sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation.

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: When an resident alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties? Staff indicated that residents can report verbally, in writing, anonymously, and from third parties. All the interviewed staff reported that if an resident makes a report verbally or in writing to them, they would immediately respond to the allegations, contact supervisor and complete an incident report.

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: "When a resident alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties?" Staff indicated that residents can report verbally, in writing, anonymously, and from third parties. All the interviewed staff reported that if an resident makes a report verbally or in writing to them, they would immediately respond to the allegations, contact supervisor and complete an incident report.

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: "How can staff privately report sexual abuse and sexual harassment of residents?" Staff reported that they can privately report by using the hotline number, notifying supervisor, the warden, the facility PREA Compliance Manager or notifying the Agency PREA Coordinator. All of the interviewed staff also could articulate at least one method in which staff could make a private report. The majority of staff reported they would notify their supervisor. Privacy would occur by discussing away from others.

- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents' arrival year at the facility was 2022. They were asked. How would report any sexual abuse

or sexual harassment that happened to you or someone else? They were all asked is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment? All residents could describe more than one way they could report sexual abuse, sexual harassment or retaliation if they needed to. The ways were: filing a grievance, using the facility phone, telling a friend, telling a family member, staff or counselor.

- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents' arrival year at the facility was 2022. They were asked. Is there someone who does not work at this facility that you could report to about sexual abuse or sexual harassment? All resident said yes, they could tell the mom, dad, brother, sister, or aunt.

- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents' arrival year at the facility was 2022. They were asked. Do you know if you are allowed to make a report without giving your name? Three residents said yes and one said no.

- Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents' arrival year at the facility was 2022. They were asked. Have you ever told anyone that you were sexually abused or sexually harassed while in this facility? All resident said no that they have not report sexual abuse or sexual harassment.

115.352	<p>Exhaustion of administrative remedies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Exhaustion of Administrative Remedies Policy 1.15 Clients Complaints and Grievances ensures a formal administrative process to address client grievances regarding sexual abuse. Journey House prohibits an informal grievance process to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. There is no time limit on when a client may submit a grievance regarding an allegation of sexual abuse.</p> <p>This policy allows a client to submit a grievance without submitting it to a staff member who is the subject of the complaint and grievances alleging sexual abuse are immediately directed to the PREA Coordinator and/or PREA Manager. Third parties, including fellow clients, staff members, family members, attorneys and outside advocates shall be permitted to assist clients in filing requests for administrative remedies and are also permitted to file on behalf of clients. Journey House may request that the alleged victim agree to have the request filed on her behalf. Sexual abuse allegations may be filed as emergency grievances.</p> <p>After receiving an emergency grievance alleging a client is subject to a substantial risk of imminent sexual abuse, Journey House will immediately forward the grievance to a level of review at which immediate corrective actions may be taken and an initial response provided within 48 hours and an agency decision within 5 calendar days. An additional Journey House Policy provides a grievance process for the girls anytime they feel their rights have been violated. Policy requires that grievances may be filed without fear of retaliation or barriers to services. Youth have access to the grievance process through filling out a grievance form and giving it to her advocate or any team member. Within 48 hours after filing the grievance the supervisor will meet with the resident filing the grievance, conduct an investigation and report the decision regarding the grievance back to the resident within 3 days.</p> <p>Following that notice, the youth have the right to request a meeting with the Program Director/Clinical Director within 3 days after which the Program Director/Clinical Director has an additional three days to further investigate if necessary and report back to the youth within 3 days.</p> <p>Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul style="list-style-type: none"> • In the past 12 months, the number of grievances filed that alleged sexual abuse: 0 • In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days: 0 • In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1461 465">Journey House Policy, Client Access to Outside Confidential Support Services, requires Journey House to provide clients with access to outside victim advocates for emotional support services related to sexual abuse. Journey House will inform clients, prior to giving them access to the outside advocacy services, of the extent to which their communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Journey House will also provide residents with mailing addresses and phone numbers, including toll free numbers of local, state or national victim advocacy or rape crisis organizations.</p> <p data-bbox="240 495 1485 689">Reasonable communications will be provided, and confidentiality will be provided as much as possible. Natchaug has a MOU Windham Hospital as service providers. Youth are provided access in an exceptional way to their parents/legal guardians as well as to their attorneys if they have one. Youth are able to make calls daily and to their attorneys when needed. Journey House Zero Tolerance Posters provide information related to Victim Support Services. The poster states that Journey House has partnered with Windham Hospital to provide survivors of sexual assault with emotional support services. To access these services, contact (phone number provided) or send a letter to Windham Hospital.</p> <p data-bbox="240 719 1145 745">Onsite review (Observations) and Testing of Critical Functions/Internal Reporting Methods:</p> <ul data-bbox="240 752 1493 1218" style="list-style-type: none"> <li data-bbox="240 752 1437 880">• During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, persons confined in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible. <li data-bbox="240 909 1493 1005">• During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by persons confined in the facility, including housing/living units. This information is posted near the phones. The information is provided in English and Spanish and is legible. <li data-bbox="240 1034 1430 1131">• During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. <li data-bbox="240 1160 1469 1218">• During the site review, the auditor observed the facility provide persons confined access to writing instruments, paper and forms to report with. <p data-bbox="240 1247 352 1274">Interviews:</p> <ul data-bbox="240 1303 1477 1435" style="list-style-type: none"> <li data-bbox="240 1303 1477 1435">• Resident Interviews: Four residents were interviewed. Two random, two bisexuals and one refused. Two black and two white. The interviewed residents' arrival year at the facility was 2022. They were asked. Do you know if there are services available outside of this facility for dealing with sexual abuse, if you ever need it? Three said no and one said yes. However, they were no sure of who the services are.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 465">Policy (Journey House, Third Party Reporting) requires that third party reports are responded to according to Journey House policy by staff. Staff are required, upon receiving such a report, to forward it to the Program Director and/or the PREA Coordinator who will follow the proper PREA reporting guidelines. It also allows third parties, including fellow residents, staff members, family members, attorneys and outside advocates to assist a resident in filing requests for administrative remedies relating to allegations of sexual abuse. They will also be permitted to file requests on behalf of residents. The resident may require as a condition of processing that she agrees to have it filed on her behalf.</p> <p data-bbox="240 499 1485 656">The Journey House website provides instructions for anyone to report an act of sexual abuse or harassment. These instructions provide for the reporter to contact either the Program Director or the PREA Coordinator. Phone numbers for both are provided on the site. A. The facility uses the www.natchaug.org website as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor information package. Third-party information is being provided to all visitors regarding their family members that are incarcerated by letter and/or website.</p> <p data-bbox="240 689 1485 813">If at any time a resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report of the resident's behalf by contacting assigned staff. All sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the offender.</p>

115.361	<p>Staff and agency reporting duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Natchaug Hospital Policy 1.26 requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Procedures require that upon learning of an allegation that a resident was sexually abused or sexually harassed, the first staff member to respond to the report is required to follow the coordinated response procedures. Staff at Journey House are required by law to comply with mandatory child abuse reporting laws.</p> <p>Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.</p> <p>Upon receiving any allegation of sexual abuse, the facility head or designee will report promptly to the appropriate agency office and to the alleged victim’s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified if the victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim’s caseworker instead of the parents or legal guardians.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: “Does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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?” Twelve (12) random staff indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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 of retaliation immediately. <p>The various ways staff indicated that they could make a report included, but was not limited to: Report to supervisor; Report to the PREA “person” and Warden; and complete an incident report.</p> <p>Staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, taking the resident to medical, isolate the resident from other residents, don’t allow the resident to bath, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 524">Interviews with the staff of Journey House, including both ten (10) randomly selected and eight (8) specialized, stated that in the event a resident reported to them that they were subject to a substantial risk of imminent sexual abuse they would take the report seriously, keep the resident safe and either with them or in a safe location separate from the potential abuser and report it immediately to their supervisor. They stated they would ensure the resident was kept safe until a decision would be made about housing or other actions necessary to protect the resident making the report. Journey House policy requires that when learning that a resident is subject to a substantial risk of imminent sexual abuse. It shall take immediate action to protect the resident.</p> <p data-bbox="229 524 1509 568">Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul data-bbox="229 568 1509 658" style="list-style-type: none"> • In the past 12 months, the number of times the agency or facility determined that an resident was subject to a substantial risk of imminent sexual abuse: 0 <p data-bbox="229 658 1509 703">Interviews:</p> <ul data-bbox="229 703 1509 911" style="list-style-type: none"> • Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics. The random staff representing staff from all shifts. They were asked: If you learn a resident is at risk of imminent sexual abuse, what actions do you take to protect the resident? One hundred percent of the staff could articulate immediate notification to the supervisor, separate the residents, monitor the resident until supervisor arrive. Staff indicated that these actions would be done immediately.

115.363	<p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Journey House Policy 7.14 DCF Mandated Reporting, the Program Director confirmed that the Journey House has not had an instance where as, having to reporting sexual abuse or sexual harassment that occurred at another facility nor have they every received a report from another facility of sexual abuse or harassment occurring at their facility.</p> <p>If the facility received an allegation that resident was sexually abused while confined at another facility. Per staff interviews, the facility notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>The facility provided a process that they use when a resident alleged sexual assault or sexual harassment at another facility. The process includes reporting with the 72 hours timeframe and documentation.</p> <p>Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and notify Program Director/PREA Coordinator.</p> <p>A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by staff interview:</p> <ul style="list-style-type: none"> • During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero. • During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero. <p>Interview:</p> <ul style="list-style-type: none"> • Agency Head Designee: Was ask, if another facility or agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact? The program Director would be the primary contact if not available, the assistant Director would be designate. • Agency Head Designee: Was ask, what happens when your facility receives such allegations? The Director would first notify his chain of command. Next, the Director would preserve the scene if one was available; the Director would call in a 136 to complete an investigation. This would likely include putting a staff member on paid leave if a staff member was identified.
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy requires staff, upon learning that a resident was sexually abused, to separate the alleged victim from the alleged abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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 with the same instructions for the abuser.

If the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and the notify security staff. Natchaug Hospital Policy, 1.26 Client Rights, Procedures, Paragraph 3, requires that any client who reports having been involved in an incident of sexual abuse or sexual assault, allegedly occurring while the client was on hospital property, will immediately be escorted from the scene and a hospital staff will be assigned to provide 1:1 observation and support.

The client will also be afforded immediately an assessment by a RN or a physician to determine if the client needs immediate transfer to an emergency medical facility. The same procedures would apply to any alleged perpetrator. The alleged victim or perpetrator should be allowed to shower, bathe, brush their teeth, change clothes or toilet until a preliminary investigation has been completed. No one should be allowed to touch anything, remove anything or clean anything at the scene of the alleged incident until a preliminary investigation is completed.

Policy requires that the Program Director, Principal or Nursing Supervisor on duty should notify an appropriate member of the Hospital Administration that an alleged incident has occurred and what steps have been taken to deal with it. This hospital administrator will assist the Program Director in completing an Adverse Event report and will report to the appropriate state agency as needed.

Interviews with staff and staff training indicated when staff learn of an allegation that a resident is sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

According to staff, if they are the first responder, they will request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.

A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused or sexual harassed was zero.
- In the past 12 months, the number of allegations where staff was notified within a time that still allowed for the collection of physical evidence was zero.
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times staff member was the first responder zero.
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0
- Of those allegations responded to first a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Interview Results:

- Random Sample of Staff: Twelve (12) staff were randomly interviewed. Five (5) males and Seven (7) females. Three (3) Black, Seven (7) White and Two (2) Hispanics . The random staff representing staff from all shifts. They were asked: "If you are the first person to be alerted that an resident has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" To clarify, the auditor given an example. If an resident can to you and said, "I was just rape?" what would be your responsibilities as a first responder? All random staff reported being aware of the agency procedure of the first responder duties. They would seek to have the resident moved into another area, separate involved residents, secure evidence and immediately call the supervisor and medical. When probed on protecting the DNA evidence, staff indicated they would not let the residents brush their teeth, used the bathroom, eating or drinking. Additional probing of staff on who they would not share the information with, they would only share with immediate supervisor or higher ups, and that they would not share with other staff or residents.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1490 432">Policy 1.26, Natchaug Hospital, Client Rights identifies in detail the roles of first responders, medical staff, staff responsible for notifying the hospital administration and the role of the hospital administration. Journey House policy entitled, Critical Response Following a Resident Report, describes the facility’s institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p data-bbox="240 463 1490 624">The facility has developed a PREA Incident Check List for Journey House. This form details required actions as a result of an allegation of sexual abuse. The plan identifies the Connecticut State Police as the agency to contact for investigations and provides contact information for ready reference. A staff training module, Prison Rape Elimination Act PREA, is used to train staff in their first responder duties. The roles of the responders are detailed and include training explaining why it is important to understand the dynamics of residential care prior to understanding the role of the first responder.</p> <p data-bbox="240 656 1490 880">The Primary Objective of First Responders to Abuse outlines the following: stop the abuse, separate the perpetrator, cordon off the scene to protect evidence and avoid compromising the investigation, asking the victim and perpetrator not to take any actions that could destroy physical evidence and follow your facility’s policy on reporting, calling investigators, calling in medical and mental health staff and use of the PREA Incident Checklist. Ten additional first responder duties are identified, and training includes explaining to the victim the importance of maintaining physical evidence, explaining the investigation process and gathering essential information. First responders are trained how to avoid compromising the investigation process. Lastly the training deals with the primary objectives of first responders to reports of past abuse.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 414">An Interview with Program Director confirmed that Journey House has (4) four collect bargaining unit agreements with staff, there is nothing in the contract language that prohibits the administration from removing any staff member upon receiving an allegation of sexual abuse while the investigation is being conducted. Staff reported that the individual would most likely be placed on administrative leave and if the investigation is substantiated the allegation the employee would be terminated.</p> <p data-bbox="231 414 1508 481">Interview:</p> <ul data-bbox="231 481 1508 598" style="list-style-type: none"> • Agency Head Designee: Was ask, has your agency, or any governmental entity responsible for collective bargaining on your behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012? In contracts the hospital maintains the right to disciple, suspend or discharge any employee for cause.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Journey House Policy, Official Response Following a Resident Report, requires protecting 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 and requires the agency to designate the staff members who will be responsible for monitoring retaliation.

The Journey House PREA Compliance Manager is the designated retaliation monitor. An interview with the retaliation monitor indicated that she would make contact with the resident or staff to see if they have any concerns that they may be retaliated against. She related she would talk with the resident to see if they were comfortable with their housing arrangement, their placement in school, etc. as well as telling them who they could talk to if they felt unsafe. She stated she would move staff, if it involved with the allegation. The youth would be move to room close to the security station/desk and ensure that the numbers of checks on the youth would be increased.

Additionally, she related a new victimization screening would be conducted. She and the members of the treatment team would monitor things like conversations, anything out of the ordinary, increased restrictions, acting out or other changes in behavior or increased observation status. A high-risk assessment would be conducted, and the youth's therapist would communicate with them as well. Monitoring would continue the entire time the youth is at the facility. In addition, she related she would also see if they needed access to a phone, writing materials or other means to communicate. There have been no allegations of retaliation during the audit period.

None of the interviewed youth had made any reports or allegations of sexual abuse, sexual harassment or retaliation for having made a report or cooperated with an investigation.

The facility prohibits retaliatory behavior by residents or staff in regard to the reporting of sexual abuse, sexual harassment or cooperation with investigators as it relates PREA related incidents and allegations. Resident's rights documentation and staff policy establishes expected conduct. The facility PREA compliance manager is responsible for monitoring retaliation along with supervisors to monitor residents as it relates to PREA allegations and incidents.

The facility has several protections and reporting measures, for residents. They can utilize the grievance process to document retaliatory acts or other PREA related concerns and issues. The facility has the option to change resident housing or transfer resident victims or abusers, remove alleged staff or resident abusers from contact with victims, and provide emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility reported that there is no retaliation for this audit period. If the facility were to have issues with retaliation, the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors 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 possible retaliation by residents or staff, and act promptly to remedy any retaliation. Items the facility should monitor include resident disciplinary reports, housing or program changes, and negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

In the case of residents, monitoring includes periodic status checks. If any individual cooperates with an investigation expresses a fear of retaliation, the facility takes appropriate measures to protect the individual against retaliation.

A review of the Pre-Audit Questionnaire for Juvenile and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was zero.

Interview Results

- Agency Head Designee: Was ask, how do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? The facility has a zero-tolerance policy for harassment, and it's reviewed in the yearly trainings. The facility also contracts with EAP and can utilize the sexual assault crises center.

- Agency Head Designee: Was ask, if an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation? The facility has a no retaliation policy and would determine what steps would need to be in place. Some examples could be separation, termination, simple clear expectations and monitoring etc.

- Interviewed staff indicated that they monitor retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations. When preventing retaliation against staff, they would change the staff shift or change the staff work details. o Interviewed staff indicated that they would monitor the resident at least weekly. However, this process would end around 90 days.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Journey House Policy, Official Response Following a Resident Report, requires that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse is subject to the requirements of 115.42. Journey House would use multiple protection measure, such as room 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 that fear retaliation for reporting. Victims will not be placed in segregated housing for protection.</p> <p>Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul style="list-style-type: none"> • The number of residents who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0 • The number of residents who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0 • For a review of case files of residents who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include both (a) a statement of the basis for facility's concern for the resident's safety, and (b) the reason or reason (s) why alternative means of separation could not be arranged: 0 <p>Interviews Results:</p> <ul style="list-style-type: none"> • An interview with the PREA Compliance Manager confirmed that residents will not be placed in segregated housing for protection.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Journey House Policy requires the agency to report all allegations of sexual abuse and sexual harassment to the Department of Children and Families. The requirement is to report promptly, thoroughly and objectively for all allegations including third party and anonymous reports. Policy states that where sexual abuse is alleged Natchaug Hospital will allow law enforcement who has received special training in sexual abuse investigations to conduct the investigation. If the allegation is sexual abuse, the report will be made to the Department of Children and Families and Connecticut State Policy.</p> <p data-bbox="242 463 1477 656">Local operating procedures describe the responsibilities of investigators. Law Enforcement investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, interview alleged victims, suspected perpetrators and witnesses and review prior complaints or reports of sexual abuse involving the suspected perpetrator. Law enforcement will review the quality of evidence and if it appears to support criminal prosecution, as determined by the law enforcement officials, will conduct interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="242 687 1473 880">Journey House does not require a resident who alleges sexual abuse to submit to a polygraph exam or other truth-telling device as a condition for proceeding with an investigation of an allegation. Interviews with staff confirmed all employees are to report any suspicion, allegation, knowledge of sexual abuse or sexual harassment and appropriate staff to report allegations of sexual abuse to the Connecticut State Police and allegations of sexual harassment to the Department of Children and Families. The Coordinated Response Plan identifies the Connecticut State Police as the agency with the legal authority to conduct criminal investigations.</p> <p data-bbox="242 911 1177 938">During the audit period there have been no allegations of sexual abuse or sexual harassment.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Neither Natchaug Hospital nor Journey House conducts investigations, either administrative or criminal. The agency responsible for conducting criminal investigations is the Connecticut State Police while the agency responsible for conducting administrative investigations is the Department of Children and Families.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Journey House Policy, Investigations, requires that following the conclusion of the Law Enforcement Investigation into a resident's allegation of sexual abuse, the agency will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Journey House has not had any allegations of sexual abuse or sexual harassment during the audit period however policy requires notification in accordance with the PREA Standard. The agency will request the information from the investigative agency to enable them to make that report.</p> <p>Policy further requires that the agency subsequently inform the resident unless unfounded whenever:</p> <ul style="list-style-type: none"> • The staff member is no longer posted within the resident's unit • The staff member is no longer employed at the facility, • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p>Following an allegation that the resident was abused by another resident the agency will inform the alleged victim when:</p> <ul style="list-style-type: none"> • The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility • The facility learns that the alleged abuser has been convicted on a charge related to abuse within the facility. <p>All notifications and/or attempts to notify the resident are documented.</p> <p>Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul style="list-style-type: none"> • In the past 12 months, the number of notifications to innates that were provided pursuant to this standard: 0 • Of those notifications made in the past 12 months, the number that were documented: 0

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 398">Natchaug Hospital Policy and Procedure Manual, 1.27, Client Rights, states that whenever Department of Children and Families, based on the results of an investigation, has reasonable cause to believe that a child has been abused or neglected by a staff member of a public or private institution or facility providing child care, they will notify the institution, school or facility and provide records concerning the investigation to the executive director.</p> <p data-bbox="242 432 1493 591">Agency policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency resident sexual abuse and/or harassment policies. The directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency resident sexual abuse or harassment policies or resignations by staff who would have been terminated before their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 624 1114 651">A review of the Pre-Audit Questionnaire for Juvenile and confirmed by interviewed staff.</p> <ul data-bbox="242 685 1493 1043" style="list-style-type: none"> <li data-bbox="242 685 1493 741">• In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was zero. <li data-bbox="242 775 1493 831">• In the past 12 months, the number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero. <li data-bbox="242 864 1493 920">• In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were zero. <li data-bbox="242 954 1493 1043">• In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment polices reported was zero.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Journey House does not utilize volunteers or contractors however there is a process in place for conducting background checks, training and advising them of the zero-tolerance policy and reporting.</p> <p>Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul style="list-style-type: none"> • In the past 12 months, the number of contractor or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Journey House employs a behavioral assistance grid to provide supportive and non-punishing responses to a resident's behaviors. Youth, who are involved in sexual activity, contact, coercion or abuse would be placed on an individual plan and the following restrictions imposed:</p> <ul style="list-style-type: none"> • All unnecessary items are not allowed in the resident's room for a minimum of 30 days. • Electronics and any items that could potentially be used as a weapon would be removed from their room. • All off ground privileges suspended for a minimum of 30 days or until safe/responsible behavior is demonstrated by the resident.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Natchaug Policy 1.27, Medical and Mental Health Services, ensures that residents are provided 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. If no qualified medical or mental health practitioners are on duty at the time and a report of sexual abuse is made, staff first responders take the preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff.</p> <p>Journey House Policy, Screening for Risk of Victimization and Abusiveness, requires that Journey House must ensure all residents are screened to assess their risk of being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument. Residents are assessed during the intake process or upon transfer to another facility. The assessment must take place within 72 hours of arrival at the facility.</p> <p>The instrument being used is the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB). This instrument addresses the following: experience in institutions, social skills, perception of risk, identification, history of victimization (past sexual abuse or victimization), age of the youth, intellectual impairment and mental health issues. Interviews: An interview with the Clinical Director, who conducts risk screening, indicated a very thorough screening process. Risk screening is one of a number of screenings conducted following admission.</p> <p>This facility is a treatment facility and multiple assessments contribute to the information pool about each resident enabling staff to develop the most appropriate treatment and safety plans. In addition to the victimization risk screening the facility provides in depth mental health and medical assessments. If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>Examples of those assessments include the following:</p> <ul style="list-style-type: none"> • Personal Safety • Triggers • Psychosocial Assessment • Sleep Assessment • Energy/Rests Assessment • Memory-Executive Functioning Assessment • Mood-Affect Assessment • Nutrition Assessment • Substance Use History • Educational Needs • Hospitalizations and a thorough physical assessment. <p>Facility Online PREA Audit: Pre-Audit Questionnaire:</p> <ul style="list-style-type: none"> • In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 0 • In the past 12 months, the percent of residents who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: 0 <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked, "If a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, do you offer a follow-up meeting with a medical and/or mental health practitioner?" Staff indicated that if a screening reveals a resident prior sexual victimization, the resident would be referred for a follow-meeting. The resident may choose to refuse. If the resident wants to have a follow-up with mental health or medical, the staff makes the referral. • Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked, if a screening indicated that a resident previously perpetrated sexual abuse, do you offer a follow-up meeting which and mental health or medical practitioner? Yes, the resident would be referred for services. According to SCDC policy results from the screening are used for physical and mental health evaluations, program, and individual counseling.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">Journey House Policy requires that 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. If there are no qualified medical or mental health practitioners on duty, staff first responders take preliminary steps to stop the abuse, protect the victim and immediately notify the appropriate medical and mental health practitioners. The facility does not have any forensic examiners on staff.</p> <p data-bbox="240 461 1422 555">Forensic examiners are available through Windham Hospital emergency room. Journey House is staffed heavily with licensed and qualified mental health professionals. The Clinical Director is exceptionally qualified and the facility has a psychiatrist who is frequently on site and available via phone as needed.</p> <p data-bbox="240 584 1090 613">Interviewed staff described the following actions they would take as a first responder:</p> <ul data-bbox="240 642 1490 1059" style="list-style-type: none"> <li data-bbox="240 642 655 672">• Separate the alleged victim and abuser, <li data-bbox="240 701 1283 730">• preserving and protecting evidence on the victim, abuser, and the location where the incident occurred. <li data-bbox="240 759 1434 819">• Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc. <li data-bbox="240 848 1027 878">• Interviewed staff indicated that they would immediately notify their supervisor. <li data-bbox="240 907 1490 967">• Interviewed mental health care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital. <li data-bbox="240 996 1469 1057">• Interviewed mental health care staff indicated that evaluation and treatment of residents who have been victimized entails follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 235">Auditor Discussion</p> <p data-bbox="244 271 1485 432">The facility is on the grounds of a mental health hospital and has access to multiple medical and mental health practitioners both within Journey House. Each resident in this program is assigned to a Clinician. The Clinical Director is the consummate professional and imminently qualified. The facility has access to a psychiatrist as well for consultation, medication and treatment services. Victims of sexual abuse would be taken to the local hospital (Windham Hospital) for a forensic exam and STI prophylaxis.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 353">The program has not had any allegations of either sexual abuse or sexual harassment during the audit period. The facility administration is aware of the requirements for conducting sexual abuse incident reviews. Policy and</p> <p data-bbox="229 353 1508 506">Journey House Policy requires that 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. This review would ordinarily occur within 30 days of the conclusion of the investigation. Policy identifies each of the items this team must consider during the review.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires Journey House to collect accurate and uniform data for every allegation of sexual abuse. It also indicates that Natchaug will aggregate the incident-based sexual abuse data at least annually to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Journey House will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.</p> <p>The facility provided a copy of the PREA Annual Reports, there were no cases of resident-on-resident sexual acts, no cases of resident-to-resident sexual harassment, no cases of staff to resident's sexual acts, no staff to resident sexual harassment and no staff to resident misconduct.</p> <p>Interviews Results:</p> <p>An interview with the PREA Compliance Manager confirmed Journey House has had no reports of sexual harassment or sexual abuse during the last 12 months</p>

115.388	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Natchaug Hospital Policy, Journey House, requires that Natchaug will review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions as a whole. Reports will compare current year's data and corrective actions with those from prior years and will provide an assessment of the agency's progress in addressing sexual abuse. The report will be made available to the public through its website. Personally, identifying information would be redacted as well as any specific threat to the safety and security of the facility.</p> <p>The nature of redacted information will be indicated.</p> <ul style="list-style-type: none"> • The agency and the facility reviews data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the agency prepares an annual report of its findings and corrective action that includes the facility and the agency. • The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. • The report is approved by the agency head/designee and made readily available to the public through its website. • The agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility. • Agency Head Designee: Was ask, how do you use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training? The facility has an incident report system that gets triggered and quality team serves as a central point that does a deep dive into any large issue such as sexual harassment and would require a plan of action for the incident and plan to reduce the chance of it occurring again in the future. • Agency Head Designee: Was ask, do you approve annual reports written pursuant to 115.388? The facility Director work with the Assistant Director on the DOJ report and make necessary adjustments. The agency does approve the annual reports.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 324">During the site review, the auditor:</p> <ul data-bbox="231 324 1508 721" style="list-style-type: none"> <li data-bbox="231 324 1508 481">• Observed the physical storage area of information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., lock and key). <li data-bbox="231 481 1508 638">• Observed electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security). Additionally, the auditor should: <li data-bbox="231 638 1508 721">• Have informal conversations with staff regarding access to secure information, including mental health files, sexual abuse and sexual harassment reports, etc.

115.401	<p data-bbox="229 69 1509 1258">Frequency and scope of audits</p> <p data-bbox="229 1258 1509 1312">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 1312 1509 1366">Auditor Discussion</p> <p data-bbox="229 1366 1509 1420">The State of Connecticut ensures that 1/3 of their hospitals are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all hospitals have been audited.</p> <p data-bbox="229 1420 1509 1473">Natchaug Hospital Policy and Procedure Manual, 1.27; Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program. Each facility operated by the Agency will be audited every three years or on a schedule determined by the PREA Coordinator.</p> <ul data-bbox="229 1473 1509 1258" style="list-style-type: none"> <li data-bbox="229 1473 1509 1527">• The agency has ensured that each facility operated by the agency is audited at least once every three years. The agency did ensure that a third of each facility type is audit every year as well. However, the agency PREA coordinator presented a plan to ensure that all facilities will receive a PREA audit according to DOJ PREA standards. <li data-bbox="229 1527 1509 1581">• The agency and/or facility demonstrated compliance with the PREA standards by submitting policies, procedures, reports, internal and external audits, and accreditations of the most recent one-year period. The auditor conducted on-site visit that included 103 sampling of relevant documents, other records, and additional information for the 12- month timeframe. <li data-bbox="229 1581 1509 1635">• During the on-site audit, the auditor was given access to all areas of the facility during the site observes; the auditor requested and received copies of relevant documents to include electronically stored information. <li data-bbox="229 1635 1509 1688">• The auditor has retained and preserves documentation used to make audit determinations and the documentation is available to the Department of Justice upon request, however, the agency/facility agreed to provide any additional information as requested. <li data-bbox="229 1688 1509 1742">• During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the residents. The auditor was to move about the facility any time they needed to. Adequate space was provided for auditor to conducted interview in complete privacy. <li data-bbox="229 1742 1509 1796">• During the on-site review, the auditor freely walked around the facility without impediment. <li data-bbox="229 1796 1509 1850">• The Notice of PREA Audit was observed posted. The notice contained contact information for the auditor. <li data-bbox="229 1850 1509 1904">• During the site review of the facility the auditor talked with staff and residents. All residents were interviewed by the auditor in private. The auditor did not receive any correspondence from residents prior to the onsite audit. The auditor reviewed resident's files, made observations throughout the on-site audit, thoroughly reviewed large samples of documentation, tested processes (including checking victim/aggressor assessment time periods) and interviewed staff.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 235">Auditor Discussion</p> <p data-bbox="244 271 1474 398">The Program Director and the PREA Compliance Manager ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public. The auditor reviewed the Agency's website and reviewed the previous PREA reports as well as annual reports that were posted on the website.</p> <p data-bbox="244 427 1474 488">Interviewed Program Director indicated the PREA Report as well as annual reports are posted for public viewing. The PREA Report will be posted within 90 days of issuing the final report to the facility.</p>

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

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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

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

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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 inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes