

# PREA Facility Audit Report: Final

**Name of Facility:** Lebanon Pines Long Term Residential Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 02/11/2025

**Date Final Report Submitted:** 06/26/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jack Fitzgerald	<b>Date of Signature:</b> 06/26/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fitzgerald, Jack
<b>Email:</b>	jffitzgerald@snet.net
<b>Start Date of On-Site Audit:</b>	12/17/2024
<b>End Date of On-Site Audit:</b>	12/18/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Lebanon Pines Long Term Residential Program
<b>Facility physical address:</b>	37 Camp Mooween Road, Lebanon, Connecticut - 06249
<b>Facility mailing address:</b>	321 Main St., Norwich, Connecticut - 06360

Primary Contact
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<b>Name:</b>	Kathy Demars
<b>Email Address:</b>	kathydemars@scadd.org
<b>Telephone Number:</b>	2036313141

Facility Director	
<b>Name:</b>	Rosann Rafala
<b>Email Address:</b>	rosannnrafala@scadd.org
<b>Telephone Number:</b>	860-579-3822

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	98
<b>Current population of facility:</b>	11
<b>Average daily population for the past 12 months:</b>	11
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-74
<b>Facility security levels/resident custody levels:</b>	Community Confinement
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	77
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	8
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

AGENCY INFORMATION	
<b>Name of agency:</b>	Southeastern Council on Alcoholism & Drug Dependency
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	321 Main Street , Norwich, Connecticut - 06360
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information
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<b>Name:</b>	Debbie Larew	<b>Email Address:</b>	debbielarew@scadd.org
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

41

#### 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:	2024-12-17
2. End date of the onsite portion of the audit:	2024-12-18

#### 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:	The Auditor spoke with local rape crisis and domestic violence agencies, funding sources, state agencies, law enforcement and local hospital with SANE services. The auditor also researched state laws and resources for victims of sexual abuse, as well as reviewed internet news stories for any incidents of misconduct.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	98
15. Average daily population for the past 12 months:	84
16. Number of inmate/resident/detainee housing units:	5
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**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	82
<b>19. 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:</b>	0
<b>20. 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:</b>	0
<b>21. 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:</b>	0
<b>22. 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:</b>	1
<b>23. 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:</b>	0
<b>24. 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:</b>	1

<b>25. 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:</b>	0
<b>26. 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:</b>	0
<b>27. 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:</b>	1
<b>28. 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:</b>	0
<b>29. 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):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. 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:</b>	75
<b>31. 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:</b>	1

<b>32. 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:</b>	8
<b>33. 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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	13
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	After identification of the targeted population, the auditor interviewed the court-involved residents and a random sample of other residents, ensuring each unit was represented.



<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>38. 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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	3
<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>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<b>40. 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).</b>	<p>The facility leadership reviewed the population with the auditor on the first day to review the list and ensure no individuals were missed.</p>
<b>41. 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:</b>	<p>0</p>
<b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>41. 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).</b>	<p>The facility leadership reviewed the population with the auditor on the first day to review the list and ensure no individuals were missed.</p>
<b>42. 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:</b>	<p>0</p>

<b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>42. 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).</b>	The facility leadership reviewed the population with the auditor on the first day to review the list and ensure no individuals were missed.
<b>43. 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:</b>	1
<b>44. 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:</b>	0
<b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>44. 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).</b>	The facility leadership reviewed the population with the auditor on the first day to review the list and ensure no individuals were missed.

<b>45. 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:</b>	0
<b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>45. 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).</b>	The facility leadership reviewed the population with the auditor on the first day to review the list and ensure no individuals were missed.
<b>46. 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:</b>	1
<b>47. 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:</b>	0
<b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>47. 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).</b>	<p>The facility leadership reviewed the population with the auditor on the first day to review the list and ensure no individuals were missed. There were no allegations of sexual abuse at Lebanon Pines.</p>
<b>48. 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:</b>	<p>1</p>
<b>49. 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:</b>	<p>0</p>
<b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>49. 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).</b>	<p>The facility leadership reviewed the population with the auditor on the first day to review the list and ensure no individuals were missed. The facility is a treatment facility and not a correctional center, so it does not have a segregation unit.</p>

<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	14
<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None         </div>
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<div> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </div>
<b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	8

<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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)

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

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



	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

**65. 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

**66. 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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

<b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.
<b>Documentation Sampling</b>	
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.	
<b>70. 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?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.
<b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>	
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>	
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.	

**72. 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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**73. 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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.

#### 74. 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

#### 75. 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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

0

**78. Explain why you were unable to review any sexual abuse investigation files:**

There were no allegations

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>86. Explain why you were unable to review any sexual harassment investigation files:</b>	There were no allegations of sexual harassment
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

### Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
Auditor Discussion Instructions	
<p>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.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Agency Leadership Chart</p>
	<p>Individuals interviewed/ observations made.</p> <p>Interview with CEO of SCADD</p> <p>Interview with Chief Compliance Officer (Interim PREA Coordinator)</p> <p>Interview with Staff</p> <p>Interview with Residents</p>

Summary determination.

Indicator (a). Southeastern Council on Addiction and Drug Dependency (SCADD) has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The 17-page policy entitled Prison Rape Elimination Act outlines the agency's effort to provide an environment free of sexual abuse, harassment, or retaliation. During the audit, the auditor was presented with other policies that further support compliance efforts. The Auditor reviewed policies on HR, Personal search, working with Limited English Proficient individuals, Incident Reporting, and the Client Grievance process, to name a few. The SCADD Prison Rape Elimination Act policy states its expectation on page one with the statement, "The Southeastern Council on Alcoholism and Drug Dependency, Inc., has zero tolerance toward all forms of sexual abuse and sexual harassment, particularly in its residential facilities. All SCADD employees are responsible for helping keep SCADD's facilities free of sexual abuse and sexual harassment. All incidents of sexual abuse and sexual harassment will be reported and investigated thoroughly. Any SCADD employee who engages in the sexual abuse or sexual harassment of an individual in one of SCADD's facilities or who is found to be negligent in pursuing these responsibilities will be subject to disciplinary action up to including termination and/or arrest and prosecution." The Auditor has reviewed the policy that further outlines the agency's efforts to build and support a zero-tolerance culture toward sexual abuse and sexual harassment of its clients. The policy describes different steps the agency will take to prevent, detect, and respond to sexual abuse or sexual harassment claims. The policy uses language consistent with federal standards to define sexual abuse and sexual harassment. The reader is informed on topics including the screening and monitoring of clients, treatment for victims, and the investigative processes in place if an allegation were to occur. Interviews with residents and staff also support an understanding of the zero-tolerance policy. The Policy language will need to be adjusted to reflect the procedural changes made, ensuring that all Lebanon Pines residents are screened.

Indicator (b): SCADD policy sets forth the requirement for an individual to oversee compliance with the law. The PREA policy states, "SCADD shall designate a PREA coordinator to oversee agency efforts to comply with the PREA standards in all applicable facilities." Interviews with the Chief Executive Officer confirmed individuals in the PREA Coordinator role have sufficient time and influence to ensure the agency's efforts toward providing an environment free from sexual abuse, harassment or retaliation. As a licensed mental health provider and an accredited agency by CARF (Commission on Accreditation of Rehabilitation Facilities), there is a strong relationship between the Lebanon Pines program and the SCADD administration. The PREA Coordinator works under the Chief Operating Officer for SCADD. The Individual in the role was out on an extended medical leave during the audit site visit and post-audit period. The auditor interviewed the Chief Compliance Officer, who has worked on PREA compliance and the required documentation, as an

	<p>alternative individual. Interview with the facility Director of Lebanon Pines supports the ongoing communication and support from the PREA Coordinator position. Staff interviews support they understand the zero-tolerance culture and the role of the PREA Coordinator.</p> <p>Compliance Determination</p> <p>The Auditor finds that the agency promotes a zero-tolerance culture toward sexual misconduct. The interviews supported policy statements about protecting, detecting, and responding to sexual assaults or sexual harassment. Interviews with staff and residents further supported an understanding of zero tolerance. Documents confirmed the stated relations between the agency administration. The Agency reports being trauma-informed, and the residents, some of whom have been in institutions previously, said the environment was safe from sexual misconduct. The Lebanon Pines residents voiced confidence that if they had a concern, the staff would address it immediately. Though some items needed to be addressed during the audit, the agency has systems in place to address such measures. The compliance determination is based on policy, documents provided, and the various interviews completed.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Website</p> <p>Individuals interviewed/ observations made.</p> <p>Chief Executive Officer</p> <p>Chief Compliance Officer</p> <p>Lebanon Pine Director</p> <p>Indicator Summary determination.</p> <p>Indicator (a). The Southeast Council on Alcoholism and Drug Dependency Inc.</p>

	<p>(SCADD) is not a public agency; it is a private, non-profit drug treatment program. The Lebanon Pines program has a small portion of beds funded through a contract with the Court Support Services Division of the Connecticut Judicial Branch. It does not subcontract beds to any other vendor.</p> <p>Indicator (b). The Southeast Council on Alcoholism and Drug Dependency Inc. (SCADD) is not a public agency; it is a private, non-profit drug treatment program. The Lebanon Pines program has a small portion of beds funded through a contract with the Court Support Services Division of the Connecticut Judicial Branch. It does not subcontract beds to any other vendor.</p> <p>Indicator (c). The Southeast Council on Alcoholism and Drug Dependency Inc. (SCADD) is not a public agency; it is a private, non-profit drug treatment program. The Lebanon Pines program has a small portion of beds funded through a contract with the Court Support Services Division of the Connecticut Judicial Branch. It does not subcontract beds to any other vendor.</p> <p>Compliance Determination</p> <p>The standard is compliant. Currently, there is no subcontract of beds with any other agency. Lebanon Pine is part of the Southeast Council on Alcoholism and Drug Dependency Inc. (SCADD), a private non-profit organization. Discussions with the CEO, Chief Compliance Officer, and Program Director, along with a review of the agency website, supported the determination of compliance.</p>
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115.213	Supervision and monitoring
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Lebanon Pines Staffing Plan update</p> <p>State standards documents for staffing ratios</p> <p>Individuals interviewed/ observations made.</p>

PREA Coordinator

Lebanon Pines Director

Random Residents

Random Staff

Tour observations of staff movements

Indicator Summary determination.

Indicator (a). Southeastern Council on Addiction and Drug Dependency has policy language that supports the development and ongoing assessment of staffing needs. The PREA Policy addresses this standard's elements by defining the staffing plan's content expectations. It states, "SCADD staffing plan provides for adequate levels of staffing to protect residents against sexual abuse. In calculating adequate staffing levels agencies shall take into consideration:

(1) The adequacy of funding provided by the contracting agency

(2) The physical layout

(3) The composition of the client population.

(4) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

(5) Any other relevant factors.

Whenever necessary, but no less frequently than once each year, per 115.213 SCADD shall assess, determine, and document the Annual Assessment Plan Staffing/ Video Surveillance, including whether adjustments are needed to mitigate areas of potential risk."

The Lebanon Pines program could not produce the original narrative plan from past audits used to describe the efforts to provide adequate supervision of the residents to promote a safe environment. During the post-audit period, a document on minimum expectations for all positions was provided. As a licensed facility by the State Department of Health, there are required ratios that must be maintained at all times. Discussions with leadership confirm the population has not had any significant changes since the last audit. The client base is all male, the campus is an open environment, and the population is for individuals with addiction histories. The population in probation-funded beds is about 12%.

The facility employs 77 staff in total. Residential support staff are not trained in custody procedures, and residents can leave at any time. Support staff work in the housing units and make up three shifts: 8:00 am-4:00 pm, 4:00 pm-12:00 am, and 12:00 am-8:00 am. A review of the staffing matrix indicates that facility leadership,

medical staff, clinicians, and maintenance staff have varying schedules, ranging from 6:00 am to 10:00 pm, mostly Monday through Friday. Clients are not authorized to be in a housing unit without a support staff member present. During the tour, the auditor viewed the video monitoring system and confirmed that supervisory tours were occurring to ensure no residents had sneaked back into the living units. The majority of the housing units are one-floor setups with a staff office that allows good lines of sight and quick access to residents in an emergency.

Staffing levels appeared to be adequate for supervision and to protect the resident population. During the interviews with the director and operations manager, the auditor reviewed the aspect of a staffing plan that ensures adequate staffing levels and regular compliance with the plan by staff members. We reviewed how incident reviews could potentially identify areas needing more supervision, whether directly or through the video surveillance system. During the onsite portion of the audit, the Auditor could see the positions of the offices that support resident supervision in each of the living units. The Auditor discussed the supervision practices of supervisory staff who confirmed unannounced rounds occur randomly during the shift.

Indicator (b). Lebanon Pines has not had a situation where they have not met the facility's minimum staffing in the past 12 months. The Director reports they can mandate coverage or call staff into work in an emergency to provide support but prefer to seek voluntary coverage. Since it is not a custodial environment, other staff, including clinical positions and facility management, can provide coverage until a replacement is found. Absent a situation where minimums were not met, there was no documentation to review.

Indicator (c). As noted in indicator (a), the agency's PREA policy requires an annual review process. The facility did provide documentation for the three past years of reviews. The Auditor made recommendations on improving the overall staffing plan and subsequent reviews to ensure improved documentation of compliance. The Auditor reviewed with the Director and the Director of Compliance to ensure that in the future, the record shows who was a part of the review and that the PREA Coordinator will be included in these discussions.

#### Compliance Determination

Lebanon Pines has policy language and a written plan that discusses the elements described in indicator (a). There is a reported process for the annual review of staffing and technological needs to support residents' safety management. Southeastern Council on Addiction and Drug Dependency supports the facility by providing additional resources when necessary. Interviews support regular discussions between facility and agency management and an expectation to resolve identified concerns immediately. Residents interviewed support, staff are always



	<p>available, and they feel safe in the environment. The Auditor determined compliance based on the plan provided, the policy language in place, and observations made during the audit. The interviews with agency and facility leadership, line staff, and residents further supported a safe environment with adequate staff to respond to staff needs. The Auditor discussed with leadership ways of improving the annual review document. The recommendations included information on who participated in the review and to state if there were any incidents of sexual misconduct in the prior year. Lebanon Pine has not had a sexual abuse allegation in the past three years.</p>
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115.215	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Policy Personal Searches</p> <p>PREA Training slides</p> <p>Individuals interviewed/ observations made.</p> <p>Director</p> <p>Random Staff</p> <p>Random Residents</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Lebanon Pines has a policy prohibiting cross-gender strip or body cavity searches of a resident. The program does not conduct visual body cavity searches under any circumstances. The review of the SCADD PREA Policy and the SCADD Personal Searches policy confirmed that only medical staff can visually check a resident in any form of undress. There is a protocol for medical staff in another SCADD program, but Lebanon Pines does not require this to be done at admissions. Interviews with administration, random staff, and residents confirm no instances in which a strip or body cavity search occurs. Because the facility requires urine samples, the Auditor checked the Recovery Technician Manual to determine compliance. Lebanon Pines requires male staff to be present with male residents during the collection of urine samples for drug testing. The Auditor asked random</p>

staff questions about how this process occurs, including if cross-gender observations would ever occur. Residents interviewed confirmed that only same-gender staff were present, and they reported that staff did not directly observe the urine sample.

Indicator (b). Lebanon Pines is an all-male residential facility. The Agency's PREA policy clearly states that pat-down searches are never to be conducted. The policy states. "Pat-down search means a running of the hands over the clothed body of an inmate, detainee, or client by an employee to determine whether the individual possesses contraband. SCADD employees are prohibited from conducting any form of pat-down searches." Residents and staff interviewed all supported that there are no pat searches of residents at Lebanon Pines.

Indicator (c). As noted in indicator (a), Lebanon Pines has no strip or body cavity searches. As indicated in indicator (b), the agency policy does not allow for pat searches. Since policy prohibits the described types of searches, there was no documentation to review for cross-gender exigent circumstance searches. Agency and facility leadership maintain the environment's safety has been maintained while promoting trauma-informed and gender-responsive practices.

Indicator (d). Southeastern Council on Addiction and Drug Dependency's PREA policy has language that addresses the requirements of this indicator in the Recovery Technician Manual. The manual protects residents from being viewed in any state of undress except in incidental view on security rounds. The manual states, "Recovery Technicians are trained to provide careful monitoring of the client's physical status and safety to prevent or minimize unwanted events. Being that Lebanon Pines provides treatment for all male clientele, employees of the opposite gender will announce their presence when entering residential buildings where residents are likely to be showering, performing bodily functions, or changing clothing. When employees of the opposite gender enter residential buildings, they will do so by announcing, "Woman on the floor." In interviews with random staff, they confirmed that opposite-gender staff announce their presence when entering a resident's room or bathroom where residents are likely to be showering, performing bodily functions, or changing clothes. The Auditor also confirmed with residents that they could shower, use the bathroom facilities, and get changed without the opposite gender staff seeing them. The Auditor also observed practices on tour and while moving about the program during the audit's onsite portion. Bathrooms in the facility varied in design, from single-person use to showers and multi-stall bathrooms and shower areas. There were no gang shower setups. Residents reported that female staff generally do not go into the bathrooms. The female staff reportedly make observations from the bedroom doorway when making tours. Residents confirmed they are supposed to change in the bathroom, as not all units have doors on the bedrooms.

	<p>Indicator (e). Lebanon Pines is a staff-secure treatment facility for individuals who identify as male; all admissions are scheduled, and information about the resident, including one's sexual identity, would likely be obtained in advance. There were no current Transgender individuals in the population for the Auditor to confirm practices. The Auditor discussed with the Director options for housing a transgender individual. She described on the tour options units with doors on bedrooms in a single or smaller room with access to a one-person bathroom and shower.</p> <p>Indicator (f). The Southeastern Council on Addiction and Drug Dependency prohibits pat searches or strip searches of all residents.</p> <p>Compliance Determination</p> <p>The Auditor finds Lebanon Pines compliant with the standard expectations on cross-gender searches or viewing. Southeastern Council on Addiction and Drug Dependency has implemented a policy of no strip, body cavity, or pat searches. The agency and facility management confirm they have managed security issues in a staff secure setting while avoiding more intrusive and potentially traumatic practices of searches of any type. Clients can be asked to turn out pockets, shake out clothes, or be asked to change into scrubs unobserved so staff can go through their clothes more thoroughly. Staff spoken with understood that many individuals have past trauma, including past histories of sexual violence. The staff confirmed that no searches are performed to determine genital status and that strip searches do not occur at Lebanon Pines. Transgender or Intersex residents who come to the program would be treated as all other males in the program.</p> <p>Staff and residents both confirmed there are no strip searches as a practice and no cross-gender pat searches. The Auditor also confirmed with the residents the agency's practice of same-gender staff present during urine samples being secured for drug testing. The facility policy, observations of the physical plant, and observations made of staff practice support that residents are able to shower, perform bodily functions, and get changed without opposite-gender staff seeing them. Residents support staff to provide appropriate notice before entering the bedroom or bathroom areas. Compliance is based on interviews with staff and residents, a review of agency manuals, staff training materials, and observations of practices during the tour.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Policy SCADD Limited English Proficiency</p> <p>Interpretive services information</p> <p>PREA Signage in English and Spanish</p> <p>PREA Brochure in English and Spanish</p> <p>Referral Paperwork/ Intake Paperwork</p> <p>Resident Handbook</p> <p>DMHAS Website on client rights</p> <p>ABC Language Services website</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Random Staff</p> <p>Random Residents</p> <p>Tour of Facility observations</p> <p>DMHAS Posters in English and Spanish</p> <p>Indicator Summary determination.</p> <p>Indicator (a). The SCADD PREA policies require the identification of populations who may have difficulty in understanding information. The PREA policy states, “During the pre-admission period, potential clients are assessed to ensure the program meet the standards for § 115.216 and can safely treat individuals who have disabilities and/or who are limited English proficient to ensure 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. If an individual who meets the</p>

criteria of disability and/or limited English proficiency is admitted to the program, the program will ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.”

As a drug treatment facility, admissions are coming from the community. Prescreened admissions allow for the identification of individuals with disabilities or language barriers. Lebanon Pines receives information in advance about residents with significant medical issues/disabilities or other mental health disorders that may make understanding PREA information difficult. The Intake Clinician and medical staff sits with each new resident and screen for any missed medical information or other factors that may impair their understanding of the facility rules, including the zero-tolerance policy toward Sexual Abuse and Sexual Harassment. This screening would help identify those who have comprehension or limited reading ability.

In discussions with the PREA Coordinator, all admissions must be able to participate effectively in the group and individual treatment setting. Individuals with strong language barriers or significant cognitive challenges would be referred to other programs more suited for their treatment needs. Each case is reviewed individually, and the facility does have handicapped-equipped housing options. The Auditor was provided copies of the PREA Brochure and viewed the posting of PREA information in multiple languages during the tour. The Auditor asked for a copy of the handbook and the Intake acknowledgment form to be produced in the most common second language spoken. Residents interviewed confirmed there was staff available with whom they could ask and receive assistance in comprehension or accessing any part of Lebanon Pines’ efforts to keep them safe from sexual abuse or sexual harassment.

Indicator (b). Lebanon Pines has signage up related to PREA and other important information in both English and Spanish, the most common languages spoken by their population historically. Intake paperwork and handbooks can be translated into multiple languages as needed. The agency has provided access to interpretive services consistent with its commitment described in policy for limited English Proficiency. When a client limited in English proficiency is referred to a SCADD program, the receiving program will make a reasonable effort to accommodate the individual's language needs. These efforts may include the use of interpreters or translators. These efforts may also include the use of telephone interpreters when appropriate. A review of the PREA brochure confirms it is available to the residents in Spanish. The PREA Coordinator stated the facility would not house residents whose language barrier would not allow them to fully benefit from the facility's services. During the tour, the Auditor observed posters in English and Spanish. No significantly disabled or LEP residents were identified during the on-site portion of

	<p>the audit The Auditor spoke with an individual who had some hearing loss.</p> <p>Residents acknowledged there were many staff whom they could approach who could aid in their understanding of information. Random staff interviewed knew about their responsibility to help clients understand how to report a concern. There are some bilingual staff employed at Lebanon Pines.</p> <p>Indicator (c). SCADD Policy supports the availability of interpretive services. It states, "SCADD will take reasonable steps, including providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. SCADD will only rely on qualified interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations."</p> <p>Random staff interviewed confirmed that resident interpreters are not appropriate in any communication about concerns of sexual misconduct. Staff are aware that it is only right to do so on an emergency basis to find sufficient information to obtain appropriate medical care. The staff was aware of the existence of interpretive services. The facility uses ABC Language Services if there is a need to communicate more effectively with the resident. Treatment staff confirmed that the line is sometimes used to communicate effectively with the client's family.</p> <p>Compliance Determination</p> <p>Lebanon Pines is compliant with the expectations of providing full access to Limited English Proficient (LEP) and disabled residents' ability to benefit from its efforts to prevent, detect, and respond to sexual misconduct. As noted in the summary above, the voluntary program will only admit individuals who can participate significantly in the treatment community of Lebanon Pines. The facility can aid disabled or LEP residents in understanding PREA, how to report a concern, and how to access assistance if one has been a victim. The agency provided documentation, and the auditor could see on tour how LEP or disabled individuals could access information. The agency's client rights/ grievance policy and outside reporting options are available in both English and Spanish. Residents interview supported staff are available if they are having difficulty with comprehension. Staff interviews confirm the ability to aid the residents in all aspects of the facility's effort to have a zero-tolerance, PREA-safe environment. The Auditor considered policies, interviews, and posted documentation on reporting a concern or accessing outside support to determine compliance. The Auditor also took into consideration information on the state website on client rights and the interpretive services contractor.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
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	<div data-bbox="280 118 983 152" data-label="Text"> <p><b>Auditor Overall Determination:</b> Meets Standard</p> </div> <div data-bbox="280 197 564 230" data-label="Section-Header"> <p><b>Auditor Discussion</b></p> </div> <div data-bbox="280 275 1070 309" data-label="Text"> <p>Policies and written/electronic documentation reviewed.</p> </div> <div data-bbox="280 342 829 376" data-label="Text"> <p>Lebanon Pines Pre-Audit Questionnaire</p> </div> <div data-bbox="280 416 971 450" data-label="Text"> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> </div> <div data-bbox="280 490 564 524" data-label="Text"> <p>Policy SCADD Hiring</p> </div> <div data-bbox="280 564 1070 598" data-label="Text"> <p>Criminal Background Checks / Prior Employment checks</p> </div> <div data-bbox="280 638 639 672" data-label="Text"> <p>Employment applications</p> </div> <div data-bbox="280 775 813 808" data-label="Text"> <p>Individuals Interviewed/ Observations</p> </div> <div data-bbox="280 848 654 882" data-label="Text"> <p>Chief of Human Resources</p> </div> <div data-bbox="280 922 343 956" data-label="Text"> <p>CEO</p> </div> <div data-bbox="280 996 502 1030" data-label="Text"> <p>Facility Director</p> </div> <div data-bbox="280 1205 767 1238" data-label="Text"> <p>Indicator Summary determination.</p> </div> <div data-bbox="280 1279 1469 1816" data-label="Text"> <p>Indicator (a). The Southeastern Council on Alcoholism and Drug Dependency PREA policy covers much of the language of this standard Indicator. The Auditor’s review of forms and hiring documents found additional language consistent with the standards' expectations. The policy states, “SCADD will not knowingly hire, appoint, or promote anyone who may have contact with LP CSSD clients or LP clients who have engaged in, or have attempted to engage in, sexual abuse. SCADD will consider any known prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote anyone who may have contact with LP CSSD clients or LP clients.” As a treatment services agency, the staff and administration consistently voiced concern about protecting residents’ safety. In addition to the policy language above, all staff must sign an attestation confirming they have not committed the actions described in indicator (a). The SCADD PREA policy addresses this, “Criminal Background Check and hiring and promotion decisions.</p> </div> <div data-bbox="280 1856 1469 1973" data-label="Text"> <p>SCADD will not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents, per § 115.217 who</p> </div> <div data-bbox="280 2013 1469 2092" data-label="List-Group"> <ul style="list-style-type: none"> <li>• 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).</li> </ul> </div>
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- 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; or
- been civilly or administratively adjudicated to have engaged in the activity.”

Indicator (b). Lebanon Pines has limited contracted positions with individuals who provide direct services to residents. The Human Resources Department for SCADD will review all employees who are recommended for promotion. It will require the PREA attestation to be completed, followed by a complete Human Resources file review if they are an internal candidate. The Chief of Human Resources confirmed if they identified past sexual harassment concerns in the staff file in this review. The information would be referred to the executive team before extending a promotional offer. Interviews with staff, contractors, and HR representatives confirmed that background checks do occur, including a review of any criminal charges, DMV records, and past employment checks. The agency hiring policy also sets forth the requirement for criminal background checks as part of the promotional process.

Indicator c). Southeastern Council on Alcoholism and Drug Dependency PREA policy addresses background checks when it states, “SCADD may 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. Before hiring new employees, who may have contact with residents, the agency shall:

(1) Perform a criminal background records check; and

(2) 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.

SCADD shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with residents or request the contracted agency to submit a criminal background check to SCADD’s Human Resource Department. SCADD can also accept the completing the background check form letter advising SCADD of the individual’s name, demographics, has been cleared statement and date of clearance.”

The Auditor was provided information supporting all current employees who have had an initial criminal background check. The Auditor reviewed the files of 8 staff on-site with the HR staff. In addition to the policy, background checks are a requirement of the state. The agency also has in place a system to make inquiries of prior institutional employees. The Chief of Human Resources and the Facility Director both committed to the agency’s efforts to protect clients by seeking information about previous misconduct. The Agency uses an outside vendor to



complete the background checks and prior institutional checks. A review of the files found the elements were done, though the vendor changed them a few times. The facility has hired 27 individuals in the past year. The Auditor reviewed files on-site, and samples were uploaded to the website.

Indicator (d). As noted in indicator (c), Lebanon Pines and SCADD policy requires all contractors who have contact with clients to undergo criminal background checks. All visitors to the facility are monitored and registered by staff when on-site. Contracted employees work for the food service vendor and documentation of their background checks were provided.

Indicator (e). Southeastern Council on Alcoholism and Drug Dependency requires all employees of Lebanon Pines and contractors to undergo a criminal background check every 5 years. The policy states, "SCADD will conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or receive such information by contractual agreement." The Auditor reviewed on-site staff files of individuals employed for over 5 years and requested that samples be provided in the OAS.

Indicator (f). All new employees are asked about prior sexual misconduct as described in indicator (a) The Auditor reviewed the record and found the questions are part of the Lebanon Pines applicant's reference release form they sign. These documents are reportedly completed upon hire and upon promotion. This document asks all prospective employees about the required element in the indicator mentioned above. The employee signs the form after they read the information. The Agency also set forth a continuing affirmative duty to disclose any criminal behavior. The agency form was being completed for new employees, but not all prior employees had completed it. The facility rectified this in the post-site visit period. The form asks four questions of candidates:

"1 Do you Have any open or pending investigations for sexual harassment and/or sexual abuse?

2 Have you engaged in any sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility or other institution?

3 Have you been convicted of engaging or attempting to engage in a 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?

4 Have you been civil/administratively adjudicated to have engaged in any sexual harassment and/or abuse?

The form goes on to require the staff to attest to continued responsibility to report

any such actions. "As a Continuation of your employment, you are required to notify the Human Resources Department of any such misconduct and or investigation during your tenure with SCADD."

Indicator (g). The Southeastern Council on Alcoholism and Drug Dependency employee application contains a passage that certifies the information they have given is truthful and complete. The Chief of Human Resources confirmed they have not had to fire any individual at Lebanon Pines for any such inaccuracies related to any sexual misconduct. She also acknowledged that if employees have been untruthful in the employment process, they can be removed.

Indicator (h). SCADD does complete background checks of all applicants' prior work history. The Auditor was provided examples of the forms completed by the prior employer and reviewed the random staff files selected to ensure consistent practice. Interviews with the Chief of Human Resources confirmed that they make requests from outside employers when hiring; she also confirmed that they would provide similar information with appropriate releases to other agencies. As a non-correctional setting, the Lebanon Pines program does not receive many requests from correctional centers.

#### Compliance Determination

The Southeastern Council on Alcoholism and Drug Dependency is compliant with the hiring and promotion decisions required by PREA. The agency has policies in place to address the requirements of the standard, including the screening of individuals for sexual abuse or harassment histories. The agency requires all staff at Lebanon Pines to undergo regular criminal background checks. An interview with the Human Resources Director was completed during the site visit. The Auditor received electronic copies of random staff files after completing an initial review with the Chief of Human Resources. The Auditor reviewed a sample of 8 of the current staff and requested additional samples of materials be uploaded into the OAS. The process allows the Auditor to confirm the hard documentation of selected files against the previously stated practice. Documentation from the personnel files supported the requirements of this standard, including asking employees about past sexual misconduct, responsibilities of continuous disclosure, and consequences for omission or falsification of information. In determining Lebanon Pines's compliance, the Auditor reviewed staff files, policy, and forms scanned for required elements of the standard, and conducted interviews with the SCADD Chief of Human Resources and the agency's PREA Coordinator. The Agency has policies, procedures, and practices in place to support ongoing compliance. The agency was able to provide attestations for existing employees who had not previously signed such forms during the post-audit period. Interviews with human resources, agency, and facility

	administration further support the needed communication and practices are maintained. SCADD makes clear in its hiring practice that there is zero tolerance toward any form of misconduct or mistreatment of residents in all of its programs.
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Southeastern Council on Alcoholism and Drug Dependency PREA Policy</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>Chief Compliance Officer</p> <p>Maintenance Director</p> <p>Indicator Summary determination.</p> <p>Indicator (a). The Pre-Audit Questionnaire and interviews with facility leadership confirmed that there have been no significant modifications to the Lebanon Pines facility in the past three years. The Auditor did not observe any recent construction evidence on the tour. The Auditor also spoke with the head of maintenance, who confirmed there was no major renovation to the building that changed lines of sight. He reported that they increased the external lighting in the campus environment, which helped staff monitor client movement in the evening hours.</p> <p>Indicator (b) SCADD, in 2022, did a complete overhaul of its camera system at Lebanon Pines. The Auditor was shown the system's capabilities, which included high-definition cameras and a comprehensive data storage system. The documentation supports that the facility has replaced over 100 camera locations since the last Audit. The maintenance supervisor was able to demonstrate the facility's capacity to monitor resident movement in common areas, both inside and outside buildings, within the campus setting. Management staff does have the ability to review cameras remotely.</p>

	<p>Compliance Determination</p> <p>The Southeastern Council on Alcoholism and Drug Dependency has individuals who evaluate programmatic needs, including physical plant changes and the use of monitoring technology. Interviews with the facility Director, Operations Manager, and PREA coordinator provided insight into safety considerations for physical plant changes and how monitoring technology can enhance safety. Compliance is based on interviews, observations on site, and the documentation provided. The camera system enables the review of resident movements and ensures that inappropriate activities are not occurring on the grounds.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Corrective Action: Although the facility had seemingly all the necessary elements in place, the auditor determined that the MOU with Safe Futures was with a Domestic Violence agency. The Auditor notified the agency upon realizing the information was incorrect and will await seeing if an MOU with the Sexual Assault Services of Eastern Connecticut can be agreed upon. Safe Futures reports that they would refer clients to the SASEC if they received it. The Agency entered into a Memorandum of Understanding (MOU) during the Corrective Action Period. In addition to the MOU, the facility provided residents with corrected materials about the local rape crisis agency. The Auditor used a second site visit to confirm that corrected information was available to residents and that staff and residents understood the SASEC offers.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Accident Incident Report</p> <p>MOU with SAFE Futures</p> <p>MOU with Sexual Assault Crisis Center of Eastern CT</p> <p>Website of CT Judicial Branch. (SANE Training Program)</p> <p>Websites of Connecticut Alliance to End Sexual Violence.</p> <p>CT.GOV- CT Guideline for Sexual Assault Exams</p>

Website of Sexual Assault Crisis Center of Eastern CT

Individuals interviewed/ observations made.

Backus Hospital representative

Discussion with SACCEC staff

PREA Signage (English/Spanish)

State police Representative

Summary determination.

Indicator (a). Criminal investigations at Lebanon Pines would be the responsibility of the Connecticut State Police. The administrative investigation would fall under CHR's purview. Lebanon Pines staff would not be involved in evidence collection but are trained as part of first responder duties to seal off potential crime scenes and instruct potential victims and perpetrators to preserve evidence. The State of Connecticut sets forth the state protocols for sexual assault cases. The 2017 state guidelines help investigators maximize the collection of evidence that can be used in the prosecution of perpetrators. The Auditor reviewed the 122-page document, which included guidance for criminal investigators, sensitivity and cultural concerns when working with victims, and evidence collection. The protocol, developed under the guidance of a committee of the state medical, legal, scientific and advocacy experts, also addresses topics including the rape crisis advocate's role, the offering of prophylactic medications, STD testing, and emergency contraception, and the payment of services by the state. The Connecticut Judicial Branch also provides the training of all SANE nurses in the state.

Indicator (b). Lebanon Pines would not house any individuals under the age of 18 for treatment, as its minimum age requirement is 18. As noted in Indicator (a), the Lebanon Pines treatment staff would not be involved in any evidence collection or in performing a criminal investigation. The random staff have been informed of the steps to preserve evidence, including closing off the scene and educating the victim on the steps to preserve evidence until they are transported to the hospital for a forensic examination. The State of Connecticut has guidelines for the sexual assault of juveniles and adults. The 2017 guidelines were developed utilizing the collective effort of some 13 individuals who are experts in legal, criminal, medical, and mental health services. The experts involved in the development of the document were a representative of the umbrella rape crisis agency (Connecticut Alliance to End Sexual Violence), the state police, and the Chief State's Attorney. Like the national protocol, the document includes both technical aspects of evidence collection and information about working with victims of sexual abuse.

Indicator (c). Lebanon Pines has provided documentation in its Coordinated Response Plan that resident victims are sent to the hospital. The Auditor did outreach to Backus Hospital in Norwich, which is about 15 miles from Lebanon Pines. The Hospital confirmed they have staff nurses trained as SANEs or can request assistance from another Hartford Healthcare Facility. The auditor spoke with hospital representatives and confirmed SANE availability at the hospital. They can request a nurse from the state's on-call network of participating hospitals if none are on site. Through interviews and what the website states, the Auditor confirmed that victims of sexual assault are provided services free of charge. The state's Attorney General's Office covers the cost through its Victims Compensation Fund. Lebanon Pines has had no allegations of sexual abuse and has not sent anyone out for a forensic exam.

Indicator (d) The Auditor first reviewed an MOU presented by a company called Safe Futures. In discussion with the representative, they confirmed they have a hotline but are a domestic violence agency and would refer victims of sexual abuse to the Sexual Assault Crisis Center of Eastern CT. During the corrective action period, SCADD has established a working relationship with the Sexual Assault Crisis Center of Eastern Connecticut, also known as SACCEC. SACCEC is a regional leader in providing rape crisis services to victims of sexual abuse. The Connecticut Alliance to End Sexual Violence provides a network of referral options for continued services after a client is discharged. A Memorandum of Understanding outlines SACCEC's willingness to work with Lebanon Pines. There are no current residents accessing services at SACCEC. SACCEC can not only provide crisis services and supportive counseling, but can also offer clinical services to individuals struggling with their history of victimization upon discharge from Lebanon Pines's 28-day program. Representatives of SACCEC confirmed they had provided supportive services to clients of Lebanon Pines who reported past abuse. She confirmed that they could provide support during hospital or police interviews.

Indicator (e). A representative of SACCEC confirmed they provide support for victims of sexual abuse, including support during forensic exams, investigative interviews, and ongoing support services. The agency confirmed they would aid a resident at Lebanon Pines in finding a support network if they move to another area at the time of release. Hospital Staff confirmed its protocol to offer SACCEC services to victims of sexual assault. The Lebanon Pines Coordinated Response plan requires the Program Supervisor or Case Manager on Duty to notify SACCEC to request that they come to meet with a victim or to meet the victim at the Hospital if the client agrees to go for an exam. SACCEC would reportedly be able to provide support to victims during a forensic exam at local hospitals. As noted in indicator (d), SCADD policy supports access to rape crisis support during forensic exams or investigatory interviews. "As requested by the victim, the victim advocate or qualified SCADD

	<p>staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.”</p> <p>Indicator (f). The Auditor was able to confirm with the State Police that they would investigate criminal incidents at Lebanon Pines. The Police confirm there is a state protocol to guide the investigative team in completing sexual assault investigations. The Officer confirmed that the victim could have the support of a victim's advocate during the exam and any police interview. The Facility Director reports that she would be the primary point of contact in the event of an investigation. The Director was aware of the need to obtain sufficient information to aid any administrative inquiry and to ensure proper notifications are made consistent with PREA standards.</p> <p>Indicator (g). The Auditor is not required to audit this provision</p> <p>Indicator (h). The agency will now make a victim advocate available through SACCEC, so the indicator is NA. As a substance abuse treatment agency, with the client's permission, they are willing to work with the rape crisis agency in providing a coordinated treatment and discharge plan.</p> <p>Compliance Determination:</p> <p>The Auditor finds Lebanon Pines is compliant with this standard's expectations. Though the facility does not provide many of the services directly covered in the standard, the required elements are all found in the community, including SANE services at a local hospital, a police force with significant experience investigating sex crimes, and an active Rape Crisis Agency. In addition to the interviews, the Auditor found information on the state website, which was consistent with the information I received verbally from Lebanon Pines leadership and the community contacts referenced above. The Auditor considered, in determining compliance, the random staff's knowledge of the steps to be taken to help preserve evidence. The Agency corrected the MOU with the appropriate Rape Crisis agency, updated the signage, and revised the paperwork to reflect the corrected contact information. The Auditor also spoke with staff and residents during follow-up visits to ensure the correct agency was identified and to verify that the postings were corrected through visual observation.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Individuals interviewed/ observations made.</p> <p>CEO Of SCADD</p> <p>Facility Director Lebanon Pines</p> <p>Agency PREA Coordinator.</p> <p>CT State Police Colchester Barracks Trooper</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Lebanon Pines has policy language to ensure that all reported incidents of sexual abuse or sexual harassment are investigated. The PREA policy states, “All incidents of sexual abuse and sexual harassment will be reported and investigated thoroughly” (page 1). The policy goes on to state, “If the sexual abuse was determined to be criminal and the incident was not already referred to the CT State Police, they will be notified as well as any relevant licensing bodies.”</p> <p>Interview with staff confirmed they must report all allegations of sexual assault or sexual harassment, no matter the source or if they think the allegation is true or not, to the PREA Coordinator or the facility Director. The staff also described the process of protecting evidence and documenting the incident. The Pre-Audit Questionnaire indicated that there were zero allegations of sexual abuse and/or sexual harassment reported within the last year. A review of documentation and interviews with facility administration confirmed there were zero allegations of sexual abuse or sexual harassment reported during the audit period. The Agency Head confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated that the Connecticut State Police serves as the investigating authority for all allegations of sexual abuse that occur within Lebanon Pines, which are determined to be criminal. The facility Director or Operations Manager would contact the Connecticut State Police immediately following notification that an incident has occurred.</p> <p>Indicator (b). As noted in indicator (a), the Southeastern Council on Addiction and Drug Dependency policy requires all criminal allegations at Lebanon Pines to be referred to the local police or the state police. SCADD would ensure that non-</p>
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criminal acts would be investigated internally. The agency's PREA policy is publicly available on the website. It ensures that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. If the allegation does not involve potential criminal behavior, SCADD has trained staff to complete administrative investigations. Interviews with trained staff confirmed that they will assess the validity of the allegation and determine whether staff actions or failures to act contributed to the abuse. The investigator understood that a report documenting the administrative investigative facts and findings was needed. Substantiated allegations of conduct that appear to be criminal shall be referred to the appropriate authorities for criminal investigation. The agency PREA Coordinator receives information on all allegations, and both she and the facility Director of Lebanon Pines would document the referrals to any outside investigative body.

Indicator (c). As noted in indicator (a), the criminal investigation would be the state police's responsibility. The Auditor spoke with a Trooper from the Barracks where the call would be made. The Trooper confirmed that the Town of Lebanon does not have a full-time police force and that a resident trooper would potentially receive the case. The Trooper did state that the state does have officers who specialize in sexual abuse cases who may be called in to assist once the responding trooper has made initial steps to ensure safety and protect evidence. The facility Director confirmed she would ensure the police investigative officer is aware of the federal requirements for victim notification in PREA. She also reports that she would set up regular calls to review the case's progress. The Director also confirmed that if an administrative investigation found information that may support a criminal finding consistent with policy, there would be immediate notification to the police. The Auditor confirmed the police role with a state trooper. The agency has posted its PREA policy on its website. The agency has not had any sexual assault cases that required a referral to the state police.

Indicator (d). The Auditor is not required to audit this provision

Indicator (e). The Auditor is not required to audit this provision

#### Compliance Determination

The Auditor has determined that the facility has met the standard requirements. The agency staff and administration know to refer all criminal acts to the police for investigation. The Auditor was able to confirm the relationship between the Lebanon Pines program and the local police in the event of a sexual assault. The facility director was aware of the need to maintain communication with the police and to document the outcome in the agency records. Interviews with the agency PREA

	Coordinator, the facility Director, and random staff support all incidents of sexual abuse or sexual harassment will be referred for investigation.
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Training Records</p> <p>SCADD PREA training PowerPoint</p> <p>Individuals interviewed/ observations made.</p> <p>Chief Compliance Officer</p> <p>Lebanon Pines Director</p> <p>Random Staff</p> <p>Indicator Summary determination.</p> <p>Indicator (a). The SCADD trains all Lebanon Pines staff, including dietary and maintenance staff, on the agency's Zero Tolerance toward sexual misconduct. The Auditor's review of the PowerPoint presentation indicates that the ten required topics were addressed. The topics included 1) a zero-tolerance policy for sexual abuse and sexual harassment 2) the duty to protect, detect, and respond to incidents of Sexual Assault or Sexual Harassment 3) the resident's right to be free from abuse 4) both the staff and resident right to make a report without fear of reprisal 5) the dynamics of Sexual Abuse in institutions 6) signs and symptoms of a victim of sexual abuse 7) how to act in response to a disclosure of Sexual Assault 8) How to avoid inappropriate situations with residents 9) How to effectively communicate with LGBTI and gender non-conforming residents and 10) what mandated reporting requirements. Random staff interviewed were able to give examples of the various elements of the training. In addition to being able to recount the content of the training, the staff confirmed the frequency of the PREA training they have received. The Agency PREA Policy states, "SCADD will provide PREA training upon hire and annually train all employees who may have contact</p>

with Lebanon Pines CSSD clients to be able to fulfill their responsibilities under this policy.” A review of sixteen staff training records indicated they all had received PREA training. Interviews with random staff confirmed that they had received PREA training. Staff stated the training covered what to do if someone is sexually abused and how to report it. Staff provided information on professional boundaries, how to identify victims of abuse, and how to work with LGBTQI residents and other at-risk populations.

Indicator (b). The PREA training for Lebanon Pines staff addresses physical and psychological signs a client may display when reacting to sexual misconduct. The focus of the training is geared to the all-male population served at the program. The Director confirms that if staff members came from an all-female facility, the employee would be reoriented to working in an all-male facility, such as Lebanon Pines. SCADD's other facilities do not currently require PREA training as they do not service community confinement treatment beds.

Indicator (c). Employees of Lebanon Pines are trained in the ten items required in indicator (a) upon hire and annually thereafter. Lebanon Pines staff confirmed they participate in PREA-related topics a minimum of once per year. The staff interviewed supported the idea that the information provided for PREA training was retained. Staff provided the Auditor with examples of what they have learned. The Auditor reviewed staff training records to confirm what staff had previously stated: Lebanon Pines staff receive PREA training at least annually.

Indicator (d). The employees reportedly receive complete training annually. The new employees at Lebanon Pines also have the information reviewed again by the facility leadership to ensure a complete understanding of the process. Interviews with staff confirm that they understand the content of the training and have access to a supervisor who can clarify any questions they may have. The employees receive a certificate, and according to the Chief Compliance Officer, they have passed a written test on the information. The Auditor discussed with the complaint director ways to improve documentation of staff members' knowledge.

#### Compliance Determination

The Auditor finds Lebanon Pines is compliant with the requirements of this standard. Compliance is based on the materials presented relating to the training consistent with indicator (a). The agency provided documentation of the employee's PREA training. (The training records for sixteen individuals were provided.) In addition to formal PREA training, the facility offers other related training that reinforces the information covered in PREA training. The final factor considered in determining

	compliance was the random staff interviews. Staff spoken with were able to relate the information they learned as part of the agency training, including examples of all ten elements covered in the indicator (a). Compliance was based on policy, training materials, related documentation, and staff interviews.
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>PREA Training documentation</p> <p>Individuals interviewed/ observations made.</p> <p>Lebanon Pines Director</p> <p>Food Service Supervisor</p> <p>Summary determination.</p> <p>Indicator (a). Lebanon Pines has five contracted food service staff, three cleaning staff, and one minister as a volunteer. Only the food service staff and a minister have direct contact with the residents. All contractors or volunteers are provided an orientation on PREA and the client's right to a sexually safe environment. The contractors and volunteers sign an acknowledgment form for their training. The Auditor was provided with examples of this process. A review of the policy confirms that all individuals who have contact with residents are to have some level of education on the agency's zero-tolerance expectation and the efforts to prevent, detect, and respond to sexual assault and sexual harassment claims. The Lebanon Pine Director confirms that when the facility adds a contractor or volunteers, they must complete PREA education with the PREA Coordinator.</p> <p>Indicator (b). As noted in indicator (a), all volunteers and Contractors are required to be educated in the client's right to a sexually safe environment.</p>

	<p>Indicator (c). Lebanon Pines maintains records of all individuals who have received education on PREA. The Auditor provided documentation on all the food service and cleaning company staff as proof of individuals who completed the training. The Auditor interviewed a food service staff member about the training they received. The individual was able to describe the training material and what they had learned.</p> <p>Compliance Determination</p> <p>In policy, SCADD addresses the standard language expectations. The Auditor was also able to view the training record and documents, which showed that visitors are given information on residents' rights to sexual safety. The policy language, training materials reviewed, certifications provided, and interviews supporting the compliance determination were also reviewed.</p>
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115.233	Resident education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Corrective Action: During the site visit, it was determined that the residents who were in the judicially funded beds were getting a different orientation about the agency's zero-tolerance stance toward sexual abuse or how to report a concern.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Lebanon Pines Handbook</p> <p>Revised client education materials</p> <p>Client records</p> <p>Individuals interviewed/ observations made.</p> <p>Random Resident</p> <p>Intake Clinician</p> <p>Clinical Director</p>

Summary determination.

Indicator (a). Agency policy and Lebanon Pines practice support that all residents are provided PREA Education upon admission. They are educated on the client handbook, including PREA information, the facility's Zero Tolerance for sexual misconduct, and how to report a concern. The Intake Clinician interviewed described the process by which she initially reviews materials with the clients. The forms can be provided in multiple languages. The Auditor was provided a Resident handbook, PREA postings, and the PREA education acknowledgment form in English and Spanish, the two most common languages spoken. Resident interviews support the idea that they are aware of several ways to report PREA concerns, that they would be protected from retaliation, and that being free from abuse is their right. The PREA policy speaks to the content of resident education. "During the admission process, all LP CSSD clients are provided information about SCADD's zero-tolerance policy along with instructions for reporting a complaint. This information is delivered both verbally and in writing. Brochures are available for CSSD clients in both English and Spanish." Residents report that they are provided information about PREA during their first hours in the facility, and the clinical staff goes over their rights during their initial sessions. During the site visit, it was determined that not all residents were being educated at the same level. The program had not been providing the same education to those individuals who were not referred through the court system. The agency made adjustments during the corrective action period. The auditor made a secondary site visit to confirm that the non-CSSD client understood the zero-tolerance rights. Some residents interviewed during the original site visit were aware of PREA from other facilities and had seen information posted in the facility.

Indicator (b). The Lebanon Pines does not receive or transfer residents to or from other SCADD facilities. As a treatment facility, not all residents have prior involvement in the criminal justice system, so PREA information is new to them. Some residents disclosed that they had prior correctional stays and that they were aware of PREA and their legal right to be free from sexual abuse or sexual harassment.

Indicator (c). The Auditor was provided materials in 2 languages. The Auditor reviewed the agency's website and information on its commitment to providing accommodations to individuals with disabilities. PREA Policy addresses the indicator "If an individual who meets the criteria of disability and/or limited English proficiency is admitted to the program, the program will ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.” No individuals in the current population had significant disabilities or language barriers.

Indicator (d). The resident’s intake packet includes a handbook and a PREA education form. The resident is required to sign and date the form that is placed in their treatment file. The facility initially only provided information sheets to CSSD clients, but this has been expanded to all residents during the corrective action period. The agency policy required residents to acknowledge their education. “Clients sign a receipt document regarding being informed of the PREA policy, which is placed in the client’s chart. PREA information flyers are posted throughout the facility in both English and Spanish.” To confirm the documentation, the Auditor reviewed the client records of both CSSD referrals and non-CSSD-involved clients. Interviews with residents also supported their understanding of zero-tolerance expectations and how they could report concerns.

Indicator (e). The Auditor confirmed that residents had access to handbooks, brochures, and postings (in both English and Spanish) about PREA and how to report concerns in each building of the facility. Resident Interviews support the idea that they were aware of the information, even if they claimed not to be worried about PREA. Tour observations reveal that key information is consistently and readily available to clients through posters, handbooks, or other written formats. The facility had to update the information during the corrective action period to reflect the correct outside support services while expanding information to all admissions.

#### Compliance Determination

The Auditor has determined Lebanon Pines is now meeting the standard expectations in policy, practice, and documentation. The random resident Interviews supported that all residents of Lebanon Pines are provided education related to PREA. Resident interviews supported that they know the zero-tolerance expectation toward sexual abuse or sexual harassment. The random residents confirmed that intake staff also educated them on how to report a concern and community-based services for those with victimization histories. Residents have now confirmed that they received the information on a timely basis upon arrival, which was a change from the previous practice of only providing PREA-specific information to a smaller court-involved portion of the population. The PREA policy outlines the requirements for educating residents on PREA. Materials are available in more than one language, and the staff were aware of the translation services available. Residents support understanding their rights under PREA and knowing where to turn for information if needed. The Auditor also considered the documents found in client files, which were consistent with policies supporting PREA education, in determining compliance. The agency added key information to the client

	handbook, updated the signage, and improved the information provided at intake to all residents on the agency's zero-tolerance stance toward sexual abuse.
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Reviewed the NIC training materials on Completing Sexual Assault Investigations.</p> <p>Documentation of the individuals who completed the course.</p> <p>Individuals interviewed/ observations made.</p> <p>Trained Investigators.</p> <p>Summary determination.</p> <p>Indicator (a). Lebanon Pines and SCADD would not be responsible for completing criminal investigations. The Connecticut State Police would have the primary responsibility for completing criminal investigations at Lebanon Pines. The agency has trained four staff members in conducting administrative investigations at the treatment facility. The agency has used training based on the National Institute of Corrections training on completing investigations of sexual assault in a confinement setting.</p> <p>Indicator (b). The NIC training provides the individual with the required content of the standard indicator. The information includes interviewing techniques with victims of sexual abuse, what a Garrity or Miranda warning is, the importance of sexual abuse evidence collection in a confinement setting, and the factors used in substantiating a finding in an administrative or criminal case. The Auditor reviewed the course to ensure that the course content met the standards' obligations. As a</p>



private “at-will” employer, Garrity does not apply, and the agency staff would only be responsible for conducting an administrative investigation. Investigative staff were aware that if an administrative investigation uncovered a potential criminal act, the matter would be immediately referred to the police. There has not been an allegation of sexual assault or sexual harassment in the past three years. The Auditor spoke with two of the staff, trained as the other two were out on medical leave. Agency Policy states, “SCADD will identify specific person(s) to conduct sexual abuse investigations, and its investigators will have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for: • interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigators will not collect any evidence in a criminal case of sexual abuse, nor conduct Miranda & Garrity warnings, nor conduct prosecution referrals, the training is to provide general knowledge of investigators role.”

Indicator (c). The Southeastern Council on Alcoholism and Drug Dependency has provided the Auditor with documentation of those who completed the investigator training. The agency has four staff members who have completed the training. The Auditor spoke with the facility Director and Operations Manager about the content of the training and the need to train key agency staff members to complete the administrative investigation. The Lebanon Pines leadership understood that the preponderance of evidence would be the rule for determining substantiation. The investigators from SCADD would only be responsible for completing administrative investigations of staff misconduct or investigations of client-on-client incidents that are clearly not criminal in nature.

Indicator (d). The Auditor is not required to audit this provision.

#### Compliance Determination

The Auditor initially found the standard to be in compliance with expectations. The Auditor also confirmed the facility does not rely on other state agencies to investigate PREA allegations that are not criminal in nature. The facility has responsibilities to notify the licensing agency and, in some cases, the Judicial Branch. Absent any allegation of sexual misconduct, the Auditor relied on agency policy, training materials, and interviews with the Director and Operations Manager of Lebanon Pines to determine compliance. The agency has taken the appropriate steps to ensure that there are trained investigators.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>NIC Training Materials 201 Training for Medical and Mental Health Professionals</p> <p>Individuals interviewed/ observations made.</p> <p>Clinical Staff</p> <p>Medical staff</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Lebanon Pines has a policy language related to training medical and mental health practitioners who work regularly in its facilities. "In addition to § 115.235, Specialized Training will be mandatory for all Medical and Mental Health Care (professionally Licensed Clinical staff) and 115.235 Specialized Training for specific individuals who are deemed." Policy goes on to state the content requirement of the training. "Specialized Medical and Mental Health Care training will include how to detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; effectively and professionally response to victims; reporting allegations or suspicions. Medical staff personnel will not conduct forensic examinations; victims shall receive the appropriate care from the local hospital. Any emergent care to sustain life, securing of the victim and/or observations by the staff persons including Medical Staff shall be documented in the client medical record." Medical and Mental Health Care Professionals who are by credential or appointment must complete the training provided by the National Institute of Corrections training and must pass a competency test." Interviews with medical and mental health staff indicated they received training online. The medical staff stated that they would not complete any forensic exams. The training used was from the National Institute of Corrections. The on-based training was done over modules covering an overview of PREA, detecting and assessing abuse, preserving evidence, responding professionally to victims of sexual assault, and reporting abuse and the PREA standard expectations.</p> <p>Indicator (b). The indicator is NA. As noted in indicator (a), Lebanon Pines medical staff will not complete forensic examinations.</p>

	<p>Indicator (c). The facility provided documentation of the online training completed. The staff were required to take a test based on the materials that were presented. Six medical and Mental Health staff completed the specialized training.</p> <p>Indicator (d). The medical and mental health staff at Lebanon Pines complete the facility's regular PREA training, which all staff at the facility receive. The training contains information on the agency's zero tolerance toward any sexual abuse or sexual harassment of its clients.</p> <p>Compliance Determination</p> <p>Lebanon Pines ensures that clinical staff working in mental health and medical positions have received specialized training on working with victims of sexual abuse and how to ensure an investigation occurs. Staff interviewed were able to describe what steps they would take to support a victim upon notice of a sexual assault and how they would further support the person after a forensic exam and police interview. The Auditor finds the standard is compliant based on the materials presented, the policy language in place, and the staff members' ability to describe potential steps to protect the evidence and support the victim.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Corrective Action: During the pre-audit, the Auditor clarified that all residents must be screened. The facility provides drug treatment to a voluntary population of up to 98 male residents. The facility has 12 contracted beds with the state judicial branch, which requires the program to undergo a PREA audit. The 12 clients are fully integrated into the campus population, living in multiple housing units, treatment groups, or work assignments. It was determined that only the 12 were getting any form of screening for the risk of sexual abuse or sexual aggressiveness. The Auditor met with senior administration, and a plan was developed to implement a screening tool and reassessment process for all residents. The facility will build, train, and implement the new process, and then provide examples of the completed screens to all program residents. The Auditor will make a second site visit to confirm the process through further file reviews, interviews with screening individuals, and interviews with residents. The second site visit provided an opportunity to ensure the screening and educational processes had become institutionalized. The facility provided documentation in advance, files were reviewed on site, and interviews</p>

were completed with both residents and screening staff.

Policies and written/electronic documentation reviewed.

Lebanon Pines Pre-Audit Questionnaire

Policy SCADD Prison Rape Elimination Act (PREA)

Lebanon Pines case files

SCADD Risk of Sexual Victimization or Abusiveness tool.

Individuals interviewed/ observations made.

PREA Coordinator

Clinical Director

Intake Clinician

Indicator Summary determination.

Indicator (a). All residents admitted to Lebanon Pines are directly admitted from the community. Transfer within the SCADD system would be rare. PREA Policy requires all admissions to be screened upon admission. The intake clinician does several screenings with clients, including mental status exams, trauma history, legal history, and the agency's screening of clients for risk of being a victim or perpetrator of sexual violence. Initially, the facility was screening new admissions referred by the court, but not the entire population. After discussions with the administration, it was understood that screening was required for all residents, as individuals with court involvement were not housed separately or kept apart in any programming during their stay. The Auditor reviewed the files of clients in the program during the initial visit and again during the subsequent follow-up during the corrective action period. All files reviewed confirmed that the residents were screened for victimization and abusive behaviors within the first 24 hours. Interviews with residents to support the screening process are conducted upon admission.

Indicator (b). Lebanon Pines policy requires compliance with the standard when it states, "Upon admission, all Lebanon Pines clients will receive a thorough Psycho-social assessment. Screening for risk for victimization and abusiveness for CSSD client receive a Risk Screening within 72 hours of their arrival and will be re-administered within 30 days after admission to ensure compliance with § 115.241. If the client scores positive for risk of victimization or perpetration, the CSSD Coordinator in consultation with the Director of Lebanon Pines, will determine if any

adjustments need to be made, including housing placement, to ensure client safety. If no changes are determined to be necessary, the justification for no action must be documented on the form. Throughout the client's treatment episode, should further information become available indicating that the client poses a risk of sexual abusiveness, the treatment team will recommend a more appropriate treatment placement. A client's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness." The Auditor reviewed admissions during the initial site visit and again during the corrective action period to ensure all residents' screenings were completed in the first 24 hours after admission. Interviews with the clinician who does screenings, and a review of the form set the higher standard of screening within the first 24 hours. The agency will need to adjust policy language to remove the CSSD designation as a descriptor of individuals who are screened. Language should reflect the current practice put in place during the corrective action period, requiring all individuals to be screened for the risk of sexual abuse or sexual aggressiveness.

Indicator (c). The PREA screening tool used at Lebanon Pines is divided into two sections: one assessing potential victimization and the other examining predatory behaviors. All residents are categorized as either a known victim, a potential victim, or a non-victim. Similarly, all residents are given a designation as a known predator, a potential predator, or a non-predator. The Auditor reviewed the process with the intake clinician for completing the tool. During the screening process, residents are asked a series of questions that cover the standard's requirements. Depending on the resident's answers, direct observation, and information obtained through the file review, the screener scores either yes or no for each category. Utilizing the number of yes answers in each section determines the resident's level of risk of being a victim or perpetrator of sexual violence. If the facility is provided with treatment records or probation studies, these additional sources, along with the client's self-report, will be considered. The facility has transitioned from a paper-based system to incorporating screening into an electronic record during the corrective action period. The Auditor recommends that the facility continue to assess the accuracy of the screening tool as the entire population is now being screened. The facility should make the appropriate scoring adjustments to ensure it captures the individual.

Indicator (d). The Intake Clinician confirmed, consistent with policy and the SCADD screening tool, that all elements of indicator d) are considered in determining a score. The following components are included: if the resident has been a prior victim of rape or sexual assault, if they are significantly younger or older than the average population, if the physical stature of the individual is smaller than the average population, if the individual has any physical, developmental or mental health issues, if the resident is (or is perceived to be) LGBT or gender non-conforming, has a prior history of sexual abusiveness, has a prior criminal history, history of

incarceration, has a history of protective custody and finally if the resident perceives that they would be at risk in the institution.

Indicator (e). The PREA Screening tool also looks for predatory factors, including a history of predatory sexual behaviors in an institutional setting, a history of physical or sexual abuse toward adults or children, a current gang affiliation, a history of extortion of others, and a history of violent criminal behavior. As a treatment facility, the agency can refuse admission to individuals who may pose a risk to others.

“Clients referred to Lebanon Pines will be screened for a history of sexual abusiveness. Clients convicted of sexual abuse crimes will only be admitted with the approval of the Lebanon Pines Director, who will determine that they are not a risk to our population or to the community.” Individuals who act aggressively would be removed

Indicator (f). At Lebanon Pines, the clinical team continually reassesses clients’ needs and functioning within the program throughout their treatment stay. As a trauma-informed environment and a treatment program, clients are able to share issues during treatment, including any concerns of safety. The facility will conduct a full reassessment of residents when additional information is obtained that may impact the screening or if the client plans to stay beyond the 30-day period. Residents undergo a minimum of one individual session per week, in addition to a daily group treatment regimen. Weekly Treatment team meetings provide an opportunity for additional information to be shared about the client’s progress in the environment. Clinical staff routinely ask residents about their perception of safety. The clients report that the treatment environment is supportive. All residents are offered crisis counseling services and may choose to discuss past victimization as part of their treatment. Because of the short-term nature of the program, the resident’s past sexual abuse trauma may not be a focus of the treatment, but the clinical staff can set up referrals post-discharge where the issue could be explored in more depth.

Indicator (g). The Clinical Director and the Intake Clinician are aware that reassessments should occur whenever appropriate information is obtained that might impact a resident’s scoring. Reasons for additional screenings can be new information that has been obtained, supporting aggressive, or victimization histories, behavioral observations, or actual incidents related to sexual abuse or sexual harassment in the facility. As there were no intakes on day one of the audit and the individual came later on day two, the Auditor had the Intake Clinician describe the screening and educational process they completed with residents.

Indicator (h). The Auditor confirmed with an Intake Clinician that at no time would

	<p>residents be disciplined for failing to answer questions related to their physical or mental disabilities, their victimization history, their sexuality, or being perceived as LGBTI. The program does not do strip searches and will have pre-screening calls where an individual's self-identified gender will be disclosed. The program is only for individuals who identify as female. Transgender residents could be accommodated in smaller double or single rooms.</p> <p>Indicator (i). Through interviews with the Clinical Director and the Intake Clinician, the Auditor confirmed that PREA-sensitive information used in the scoring process is kept confidential. The clinical records are kept in the client's electronic medical records. The agency has a confidentiality policy that confirms that clinical staff and medical staff have different access to client admissions than residential counselors. The only non-clinical staff member with access to the record is the Residential Supervisor. The agency is dedicated to protecting individuals' treatment rights within state and federal guidelines.</p> <p>Compliance Determination</p> <p>The screening instrument implemented during the corrective action period provided an objective scoring process, and the individuals responsible for administering it were consistent with the policy regarding the description of scoring and the security of information. The auditor reviewed case files to confirm the timeliness of the screenings and verified that the screening process was applied in a manner consistent with the described procedures. The agency's tools were consistent with the standard elements. As a result of the interviews with staff, policies provided, completed scoring forms, and interviews with residents supporting screening and reassessments, the Auditor has determined that the standard is now being met after the corrective action period. The agency is reminded to adjust its policy language to match the new practice that has been put in place.</p>
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115.242	Use of screening information
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Corrective Action: Since the facility did not screen the entire population, the Auditor determined that there was no defined practice for effectively using the screening tool's results to keep individuals identified apart. The facility will develop a plan that will address the requirements of this standard. The Document will describe how information on the tool can be put into action in the living environment in which individuals are housed, the treatment groups they are assigned to, or the work program assignments given. The Auditor requests that the document include how</p>

sensitive information is protected, define who may know the scoring results, even if they don't know the reason why, and determine who has the authority to make changes in the above areas. It was also requested that the plan document address indicators (d),(e), and (f). The Auditor will make a second site visit after changes are implemented to ensure that the screening staff and supervisory staff understand how the information is to be used.

Policies and written/electronic documentation reviewed.

Lebanon Pines Pre-Audit Questionnaire

Policy SCADD Prison Rape Elimination Act (PREA)

Resident casefiles

Individuals interviewed/ observations made.

Clinical Director

PREA Coordinator

Intake Clinician

Residential Supervisor

Random Residents

Random Staff

Summary determination.

Indicator (a). The Lebanon Pines administration utilizes the PREA screening information to inform housing, bed assignments, work assignments, and provide recommendations for treatment. The program lacks an educational component. Lebanon Pines uses screening information to identify the most appropriate bedroom for the resident. The facility will not put known or potential victims in the same sleeping space as those who are known or potential perpetrators of sexual violence. The program has multiple units, so residents can be provided further separation in the open environment. Each housing area has multiple rooms that can be utilized to further ensure individuals with perpetrating or victimization histories are housed in the safest manner possible. Residents with prior histories of sexual violence may be offered treatment, but since the program is voluntary drug treatment, there is no requirement to cover the issue in therapy. Room assignments ensure a client's potential for victimization or predatory risk has been reviewed through screening tools to ensure placement with any roommate does not pose a risk." As a treatment program, there is no education program outside of treatment groups. The facility administration confirmed the information would be used for work assignments.



Indicator (b). Lebanon Pines' Intake Clinician is responsible for utilizing the screening information to provide the most appropriate housing for each population. The screening instrument helps identify parameters that ensure potential victims are not housed with individuals prone to aggression. Residents can be moved when needed to ensure the most comfortable setting is possible. All rooms moved would be approved by facility leadership, who would have knowledge of risk screening results. If needed, the facility can create single-room situations that could be used in transgender or intersex residents' housing. With different housing building program rules that prohibit residents from going into others' rooms, the facility can keep separate individuals who may be likely victims from those with aggressive histories or histories of engaging in sexual relationships in an institution.

Indicator (c). In discussions with facility leadership, they would make housing and program assignments for transgender or intersex residents on a case-by-case basis, considering whether a placement would ensure the resident's health and safety and whether it would present management or security problems. In discussions with facility leadership, the Auditor confirmed they would have open conversations with the transgender or intersex resident who identifies as male at referral about the environment and how housing assignments could allow for privacy and safety if they had a concern. Though much of the counseling work is done in group settings, the leadership shared how they can individualize aspects of the program. The intake clinician confirmed that, as a voluntary drug treatment facility, they are able to conduct a pre-screening call with the individual to discuss the facility and the accommodations they can provide.

Indicator (d) As noted in indicator (c), a transgender or intersex resident's own view with respect to her own safety would be given serious consideration. Lebanon Pines begins this process at the time of referral and will have conversations with the potential client about what to expect. Lebanon Pines Management staff confirmed that during the referral period, on the first day in the program, and throughout the client's stay in the three-week program, the resident is continually assessed for their feelings of safety in the program. Transgender clients can be housed in smaller rooms. The facility leadership proposed that the individual may be placed in a handicapped room, which has an internal bathroom

Indicator (e). Transgender or intersex residents referred to Lebanon Pines would be housed in one of the smaller rooms to provide the greatest level of privacy. The facility population allows flexibility in accommodating residents with single rooms. Bathrooms in one unit of the program for disabled individuals could be used to provide privacy to a transgender resident.

	<p>Indicator (f). Lebanon Pines does not use an individual's LGBTI status as a mechanism to place all similar-status individuals together. There is no state law in Connecticut requiring the housing of LGBTI. The Auditor confirmed with random staff that LGBTI residents are not housed together as a practice or requirement.</p> <p>Compliance Determination</p> <p>The Auditor believes Lebanon Pines has sufficient resources to assess and use screening information to protect individuals from sexual misconduct. Compliance was determined based on policy language, interviews with screening staff, and case file review. In determining compliance in indicator (f), random staff and residents who identify as LGBTI confirmed that inappropriate housing practices were not utilized. The facility did not currently house any transgender or intersex residents; as such, interviews with these populations could not occur. Interview with the Clinical Director supports Lebanon Pines, which utilizes the screening information to protect all residents from sexual assault or sexual harassment. Interviews confirm there are weekly case management review meetings where key elements of the screening information or observations of the client's behaviors in the environment are discussed if they impact screening results. File reviews support screening information is used for housing (including bed assignments) and treatment planning. If there is a conflict between residents, the Auditor confirms that the Lebanon Pines Residential Supervisor or a clinical team member must make bed reassignments. This process ensures that victims and perpetrators are not together and that information about client dynamics learned in weekly case reviews is also considered. In determining compliance, interviews with current residents and staff, and the agency and facilities administration's stated expectations. The auditor reassessed the use of screening during the Corrective Action Period to ensure the institutionalization of the screening process and the use of information on all clients to ensure sexual safety. Though the facility can remove aggressive individuals immediately, the Lebanon Pines Management understands how to use screening information to limit risk further.</p>
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115.251	Resident reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p>

Lebanon Pines Handbook

Memo from CEO

Individuals interviewed/ observations made.

Chief Executive Director

Chief Compliance Officer

Lebanon Pines Director

Residents

Random Staff

PREA Signage

DMHAS Signage (outside reporting)

Mailbox (internal and external)

Indicator Summary determination.

Indicator (a). The Southeastern Council on Alcoholism and Drug Dependency and the Lebanon Pines facility provide the residents with multiple ways to report sexual harassment, sexual abuse, retaliation, or the neglectful acts of staff that could contribute to such harassment or abuse. The PREA policy states, "Reports of sexual abuse, sexual harassment, or retaliation may come from a variety of sources including, but not limited to employees, individuals in treatment, family members of individuals in treatment, other agencies and facilities, and members of the public. These reports can be made verbally and/or in writing and/or anonymously. Anyone who wishes to make a report to a public or private office that is not part of the agency may make their report directly to the State of Connecticut Department of Mental Health and Addiction Services Client Rights Division."

The posters observed on the tour indicated that residents had seven different ways to report a concern. Interviews with 15 residents indicated that all 15 knew at least two methods to report an allegation of sexual abuse or sexual harassment. Most residents indicated they would tell a staff member. Residents interviewed were expressive of their trust in staff to address any concerns. The resident's second most identified option was to speak to the facility Director. The Auditor confirmed the ability of residents to mail letters internally or externally. Interviews with twelve staff members confirm that residents have multiple methods to report issues, including contacting any staff member, filing a grievance, and using the posted

phone number.

Facility brochures, program handbooks, posters, and residents confirm that they can report any incident to any staff person, facility administrator, PREA Coordinator, or the Lebanon Pines Director. The agency has an internal grievance process where a Lebanon Pines client could file a complaint to the agency's Consumer Rights Officer. The Posting on Grievance also provides information on making complaints directly to the DMHAS hotline. The Auditor interviewed residents and staff about the multiple internal ways an individual may report a concern. Residents were able to give multiple examples, knew they could make anonymous reports, and made reports on behalf of other residents.

Indicator (b). The residents can report any safety concerns to the state's Department of Mental Health and Addiction Services (DMHAS). Postings show the name and phone number of the DMHAS Client Rights Officer. The Auditor did outreach to the DMHAS Client Rights department to confirm how they would handle a sexual abuse claim and if the resident could remain anonymous. The DMHAS representative confirmed their ability to report PREA concerns to the facility and the local authorities. The DMHAS representative explained how contact could be made to their regional staff directly who are familiar with the program. The clients also knew that police could also be called and that the phone system was not recorded. Residents also confirmed they could make more private calls with the assistance of staff or supervisors away from the housing floor, where others could hear the content of their calls.

Indicator (c). Agency Policy requires all staff to accept a report of sexual abuse, sexual harassment or concerns of retaliation from any resident or third party and to report them to the supervisor and document the information. "All SCADD employees, regardless of title, are under a duty to report any knowledge, suspicion, or information regarding incidents and complaints of sexual abuse and sexual harassment. All SCADD employees are also under a duty to report any act of retaliation against any individual for reporting an incident of sexual abuse or sexual harassment or for participating in an investigation of an allegation of sexual abuse or sexual harassment. All SCADD employees, regardless of title, are also under a duty to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." Interviews with random staff confirm that they know they must receive and document an allegation of sexual misconduct, no matter the source, immediately. Staff knew the importance of ensuring documentation confidentiality and that written material was not in the client files where others may have access.

Indicator (d). SCADD provides the staff of Lebanon Pines with multiple ways in which a staff person can report a concern about PREA in the facility. They are aware they

	<p>can go outside the chain of command if the supervisor is alleged to be involved in the misconduct. The staff gave examples of different facility or SCADD leadership that they would be comfortable approaching. They also reported they could call the posted number, the agency's online reporting process, or the PREA Coordinator. Staff recognized that they could report a concern through the agency's PREA Coordinator, the facility Director, or the Human Resources Department.</p> <p>Compliance Determination</p> <p>The standard is compliant. The agency and facility have put in place multiple avenues for staff and residents to report concerns of sexual misconduct. The agency's Chief Executive Officer also confirmed there were no calls from a resident or third-party individuals with concerns about sexual misconduct at Lebanon Pines. The Auditor also utilized the agency reporting system through its website and the outside reporting system. Interviews with residents, staff, and agency administration support that the necessary resources were in place to ensure a timely response. Residents confirmed they would go to a staff member they trust as a primary option if they felt a need to report a concern and believed it would be taken seriously.</p>
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115.252	Exhaustion of administrative remedies
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Policy Client Grievance</p> <p>Policy Client Rights</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Resident Interview</p> <p>Staff Interview</p>

Lebanon Pines Director

Chief Compliance Officer

Indicator Summary determination.

Indicator (a). Lebanon Pines is a voluntary treatment center and does not have a correctional-style grievance process. The facility has a grievance process internally, and victims of sexual abuse can grieve their safety through an outside reporting mechanism the grievance process to the state client rights officer. Residents can use the Client rights process to file complaints about their well-being or clinical treatment. The Auditor reviewed policies that met the intent of providing meaningful access to report concerns about sexual misconduct. In policy, postings and handbook, the clients are told they can report concerns to the Consumer Advocate. The Agency Website also confirms that family members can file on behalf of the clients at Lebanon Pines with the victim's permission.

Indicator (b). The policy does not require residents to resolve concerns through an informal process. The policy also states there is no time constraint for sexual abuse allegations. The Auditor notes that the language could be improved to make this information clearer. If the grievance is regarding a criminal act such as sexual abuse, the case is handled immediately. This would include notifications to the PREA Coordinator, the facility Director, and the authorities to complete a criminal investigation into the claim. The Consumer Rights Officer is outside the Lebanon Pines chain of command and will work with the client and the facility leadership to resolve concerns. Grievances can also be made directly to the DMHAS Consumer Rights office.

Indicator (c). Grievances at Lebanon Pines can be submitted to the Consumer Rights Officer. The agency's website provides phone numbers that clients can call to report complaints. Residents report they can use phones in privacy, away from staff. There were no PREA-related grievances filed in the past year.

Indicator (d). Lebanon Pines and the Southeastern Council on Alcoholism and Drug Dependency policy client Grievance addresses the maximum time frames in which a grievance must be resolved. The time frames are consistent with the standard. "The grievance must be presented or mailed to the CRO. If the CRO is the subject of the grievance, the grievance should be presented to the CEO. A grievance involving sexual abuse should not be forwarded to the alleged perpetrator. Upon receipt of the grievance, and not later than 7 days, the CRO will acknowledge its receipt to the client or person initiating the grievance on behalf of the client. In regard to third parties filing grievances related to alleged sexual abuse of clients, the CRO will

contact the client to determine their participation in the grievance investigation, which will be documented. If the client refuses to participate in the investigation, the CRO will determine whether or not to proceed with the investigation.

C. The CRO will initiate an investigation as soon as possible. The CRO will issue an informal resolution within 10 calendar days of the receipt of the complaint. The client will have 10 business days to consider the informal resolution proposed by the CRO.

D. If there is no informal resolution proposed within 10 calendar days of the receipt by the CRO or if client does not agree with the informal resolution proposed by the CRO the client can appeal to the CEO for further review.

E. The CEO will issue a formal decision within 21 calendar days of the receipt of the initial complaint by the CRO. This 21-day period does not include the 10 business days allowed for the client to consider the informal resolution proposed by the CRO. The CEO may also authorize an additional 15 calendar days for good cause.” In discussions with the Lebanon Pines Director, it is clear that grievances generally do not take long to be resolved. There have been no grievances in the past year related to sexual misconduct at Lebanon Pines.

Indicator (e). Random staff interviewed confirmed that third-party grievances are possible. Staff acknowledged that complaints and/or grievances might be filed by the resident’s family members, attorneys, community agencies, or other professionals working with the client. Interviews with residents and staff confirmed that no formal policy prohibits a resident from filing a grievance on behalf of another resident or assisting a fellow resident in the preparation of a grievance. Clients, families, employees, or significant others may file a grievance. Any person other than the individual client receiving services may file a complaint on behalf of the client. The PREA Coordinator and Director for Lebanon Pines confirmed there were no grievances filed related to any sexual misconduct or retaliation for prior reporting.

Indicator (f). As noted in indicator (b), if the Consumer Rights Officer is aware of a potential criminal act such as sexual abuse, the case would be handled immediately with notification to the adult division head and the local authorities. Discussions with the Director confirmed that an immediate response would occur, and if there was any aggression, the individual or individuals would be removed from the program. The policy addresses emergency grievances when it states, “A client or a third party acting on behalf of a client may use the emergency grievance process when there is an allegation that a client in a residential program is subject to a substantial risk of imminent physical or sexual abuse. SCADD will provide an initial response within 48 hours of receipt of the grievance and a final decision within five calendar days.”

	<p>Indicator (g). As a treatment facility for substance-abusing adults, the agency has no formal disciplinary process. Clients who engage in aggression would be asked to leave the program. The Client Grievance policy assumes all grievances are filed in good faith. Should the investigation of allegations of sexual abuse determine that the grievance was deliberately filed in bad faith, the client will meet with the treatment team to determine an appropriate response to the client's actions. The pre-audit questionnaire indicated that no residents had been disciplined for filing a grievance in bad faith in the previous twelve months.</p> <p>Compliance Determination</p> <p>Lebanon Pines has not had any cases in which a grievance was filed related to PREA, including any third-party grievance complaints. As a result, there are no grievance files to review in determining compliance with the standard. The Auditor relied on interviews with staff, residents, the PREA Coordinator, and the facility Director, along with policy reviews, to determine compliance. Staff members were aware that they must accept all grievances, including those from third parties. Residents were aware of their rights under the grievance policy.</p>
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115.253	Resident access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Corrective Action: During the post-audit period, the listed outside agency was a domestic violence agency, not a rape crisis agency. The Domestic Violence Agency reports they would make referrals to the local rape crisis agency. During the Corrective action period, Lebanon Pines entered into an MOU with the Sexual Assault Crisis Center of Eastern Connecticut. The Auditor made a secondary site visit to confirm that the corrective information was readily available to residents. The Auditor also met with staff and residents to ensure there is an understanding that outside support services were available through SACCEC.</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Lebanon Pines Pre-Audit Questionnaire</p> <p>Policy SCADD Prison Rape Elimination Act (PREA)</p> <p>Resident Handbook</p>



Individuals interviewed/ observations made.

Representative of the Sexual Assault Crisis Center of Eastern CT

Clinical Director

Case Manager

Random residents

PREA-related postings in the facility

Indicator Summary determination.

Indicator (a). At Lebanon Pines, residents are provided information on accessing services for individuals who may have been victims of sexual abuse. During the audit period, the auditor discovered that the original Memorandum of Understanding (MOU) was with an agency specializing in domestic violence. The agency did report if a call came into their hotline they would refer the victim to the local rape crisis agency. During the corrective action period, a Memorandum of Understanding with the local rape crisis center was entered into. Residents of Lebanon Pines are now provided with brochures and postings from the Sexual Assault Crisis Center of Eastern CT (SACCEC). The SACCEC is part of Connecticut's Alliance to End Sexual Violence, a statewide network of rape crisis service providers. The Auditor was also able to view posted information about these organizations in hallways and common areas during a follow-up site visit. Residents of Lebanon Pines have access to an on-site phone that is not recorded. Residents report that they believe they are allowed to have private communication with representatives of these organizations. Lebanon Pines has a phone in a room where clients can make calls without others being present. Residents described the space where the Auditor was interviewing them as a potential area where they could make a private call.

Indicator (b). Lebanon Pines residents are made aware of all staff members' duty to report any incident of sexual abuse. Phone communication with the local rape crisis center can be made confidentially and anonymously if the resident chooses. Residents of Lebanon Pines have access to unmonitored communication with outside agencies. Lebanon Pines' phone system is not monitored. In discussions with clinical staff, confirmed clients are provided notice related to the limits of confidentiality that are consistent with state laws. SACCEC, the local rape crisis agency, confirmed the ability to provide confidential support to the resident and provide those support directly at the facility.

Indicator (c). The Southeastern Council on Alcoholism and Drug Dependency has

	<p>entered into a Memorandum of Understanding with the Sexual Assault Crisis Center of Eastern CT to provide emotional support to victims of sexual assault. The MOU supports that they provide trained sexual assault crisis counselors to support victims during forensic examinations or investigative interviews. SACCEC provided free services, including a 24-hour hotline for emotional support and coordination of referrals for continuing services after discharge. The MOU was signed this year and is to remain in force until either party decides to terminate the agreement. Most residents feel comfortable speaking with multiple staff members at the facility and would more likely seek support that way than through an outside entity.</p> <p>Compliance Determination</p> <p>Residents at Lebanon Pines now have access to outside confidential support services. The residents have access to on-site clinical staff in addition to the services available through the Sexual Assault Crisis Center of Eastern CT. The agency provided documentation supporting the appropriate relationships required in indicators (a) and (c) is current. Interviews with the Director and case management staff confirm how residents can be assisted in making an appointment for counseling. Observations during the tour confirmed that information about services was available in both English and Spanish. These languages are the two most common languages spoken by residents entering Lebanon Pines. Compliance is based on the availability of corrected materials, the relationships developed with community providers, and the resident's knowledge of how to access resources.</p>
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115.254	Third party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Policy Prison Rape Elimination Act</p> <p>Agency Web Site (third-party reporting form)</p> <p>Individuals interviewed/ observations made.</p> <p>Lebanon Pines Director</p> <p>Chief Compliance Officer</p> <p>Resident Interviews</p> <p>Staff Interviews</p>

	<p>Summary determination.</p> <p>Indicator (a). Southeastern Council on Alcoholism and Drug Dependency has established systems to receive third-party reports on sexual assaults or sexual harassment. The agency website provides a phone number and information on filing a concern regarding a client's treatment. The grievance process states that it is not only for clients to report a concern but also for their family members or significant others in the client's life. Residents are provided information on how to report a PREA concern in their handbook and postings in the facility. The random residents interviewed supported the idea that they could make a complaint on behalf of a peer if they were too fearful for some reason. They also reported confidence that the situation would be investigated. Staff interviewed were aware that all third-party complaints needed to be taken seriously and referred immediately to the Facility Director and the Agency PREA Coordinator. The Consumer Rights officer can field complaints from family members or other interested parties. The Consumer Rights Officer process works in conjunction with the State Department of Mental Health and Addiction Services. Complaints filed are also reported to DMHAS.</p> <p>Compliance Determination:</p> <p>The Lebanon Pines and the Southeastern Council on Alcoholism and Drug Dependency have successfully provided multiple means for residents and other interested parties to make a PREA complaint as a third party. The information is publicly available on their website and is provided in brochures and postings as they enter the facility. The facility has trained the Lebanon Pines staff on the importance of accepting all complaints, regardless of their source, and referring them so that they can be investigated. Interviews with staff and residents supported that the policy expectations are understood. The facility Director and the agency's PREA Coordinator reported not having received any third-party PREA-related complaints in the past year. Compliance is based on all the factors listed here, which support multiple avenues for reporting concerns about sexual harassment or sexual assault.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Southeastern Council on Alcoholism and Drug Dependency PREA</p> <p>Staff PREA Training Materials</p>

Connecticut state website on reporting requirements of elder abuse and disabled individuals

CT Department of Mental Health and Addiction Services

Individuals interviewed/ observations made.

Facility Director

Random Staff

Healthcare Staff

Indicator Summary determination.

Indicator (a). The Southeastern Council on Alcoholism and Drug Dependency has policy and training that directs Lebanon Pines staff on reporting Sexual abuse, sexual harassment, and retaliation for cooperation in an investigation and the actions or inactions that lead to sexual abuse. SCADD PREA Policy, in its opening statement, requires, "The Southeastern Council on Alcoholism and Drug Dependency, Inc., has zero tolerance toward all forms of sexual abuse and sexual harassment, particularly in its residential facilities. All SCADD employees are responsible for helping keep SCADD's facilities free of sexual abuse and sexual harassment. All incidents of sexual abuse and sexual harassment will be reported and investigated thoroughly." The policy goes on to describe the agency and facility's expected actions in protecting, defending, and responding to incidents of sexual abuse and sexual harassment. The staff interviews support they knew they must report all allegations of sexual assault or sexual harassment no matter the source of the allegation or even if they had questions on the validity of the allegations. Staff confirmed the agency expects them to report all actions or inactions of staff that may have contributed to the abuse immediately. Policy language also states the same expectation in describing client rights. "All SCADD employees, regardless of title, are under a duty to report any knowledge, suspicion, or information regarding incidents and complaints of sexual abuse or sexual harassment. All SCADD employees are also under a duty to report any act of retaliation against any individual for reporting an incident of sexual abuse or sexual harassment or for participating in an investigation of an allegation of sexual abuse or sexual harassment. All SCADD employees, regardless of title, are also under a duty to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

Indicator (b). The SCADD PREA Policy requires the staff to keep any PREA disclosure confidential except to agency administrators and supervisors to facilitate treatment. Staff in random interviews repeatedly confirmed their awareness of the importance

	<p>of protecting the victim and the investigative process by limiting the disclosure to those with a need to know. They were also aware of documenting the incident on email or a written document to their supervisor, but not to put it in the electronic case management system, where others could read. The policy states, “Staff should not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.” The staff interviewed understood that unnecessary disclosures could negatively impact criminal and administrative investigations. The line staff and supervisory staff understood the importance of protecting written documentation, ensuring that written statements are only stored securely.</p> <p>Indicator (c). Interviews with Lebanon Pines medical and mental health staff confirm they are required to report any knowledge, suspicion, or information received regarding an incident of sexual abuse or sexual harassment, any retaliation, or any staff neglect. Both staff members stated that they had never been aware of this type of information. Both also said that they discussed the limitations of confidentiality and their duty to report. There were no reported allegations of sexual abuse or sexual harassment at the facility during the audit period.</p> <p>Indicator (d). Lebanon Pines does not accept residents under the age of 18. Staff are trained in mandatory reporting laws, and the local police may apply additional charges for crimes committed against these populations. The State of Connecticut website confirms that residents over the age of 60 and those with disabilities have special protection under the law from sexual abuse. Staff members are trained in mandated reporting of abuse and neglect of vulnerable adults.</p> <p>Compliance Determination</p> <p>The Auditor concludes the standard is compliant based on training materials, policy, and interviews completed. Since there were no sexual assaults, investigative file reviews and direct interviews of victims or first responders were not possible. The Auditor spoke with the Director, random staff, the nurse, and clinical staff. The Auditor concludes that the policy addresses the need for staff to report all incidents of Sexual Assault or Sexual Harassment while protecting the resident victim’s privacy and the investigative process. Further supporting compliance is the interview with the medical and mental health staff, who confirmed that residents of Lebanon Pines are educated on the limitations of confidentiality.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>SCADD PRE-Audit Questionnaire</p> <p>Southeastern Council on Alcoholism and Drug Dependency PREA Policy</p> <p>Individuals interviewed/ observations made.</p> <p>SCADD CEO</p> <p>Facility Director</p> <p>Residential Supervisor</p> <p>Random Staff</p> <p>Random Residents</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Lebanon Pines is not a correctional center resident; residents who display aggressiveness can be asked to leave, reducing protection needs. Lebanon Pines has not had a situation where a resident has needed protective services from substantial or imminent risk of sexual assault. The facility has trained its staff to handle these situations consistently with first responder expectations, including taking immediate actions to ensure safety, keeping them apart from any perceived threat, and notifying supervisory staff. In the past three years, the facility has not had to separate residents as a part of a plan to keep a resident safe from sexual misconduct. As a mental health facility, the agency has policies in place to require immediate actions when a client is at risk to themselves or others. The agency has policy language directing staff, "If there is concern that the client is at risk of imminent sexual abuse, the client will immediately be brought to a safe place with staff present, and supervisory staff will determine a plan to establish the client's safety during the investigation." Staff interviewed were able to clearly describe the steps they would take to protect an individual who had reported a fear until they can be met with by clinical staff. They report they can call on-call supervisors or clinical staff and, with approval from supervisors, make room changes. Supervisory staff confirmed there are options to keep individuals apart on a large campus with multiple housing units.</p> <p>Compliance Determination</p> <p>Since Lebanon Pines has not had to provide protection duties for a resident in danger of sexual assault, the Auditor relied extensively on interviews to determine</p>
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	<p>compliance. Interviews with the Director, Operations Manager, and Residential Supervisor confirmed multiple steps that would be enacted to ensure all clients' safety. Those steps would include relocating the resident's room, identifying the potential threat, conducting an investigation, and possibly transferring or discharging one or both parties, depending on the perceived level of aggression. As a voluntary program, threats of violence are taken seriously, and clients can be removed from the program at any time. Staff members who were interviewed stated that they would immediately respond to any concerns related to residents' safety. The random staff member reported that they would speak to the at-risk client in a private setting to understand the situation better. After discussing this with the residents, they would notify the supervisory staff to determine a solution.</p> <p>Interviews with random residents supported the idea that they could approach staff with a concern related to PREA and felt it would be addressed.</p>
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115.263	Reporting to other confinement facilities
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD PRE-Audit Questionnaire</p> <p>Southeastern Council on Alcoholism and Drug Dependency PREA Policy</p> <p>Individuals interviewed/ observations made.</p> <p>CEO</p> <p>Facility Director</p> <p>Director of Compliance</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Lebanon Pines is a voluntary treatment program and not a correctional center. The agency has policy language in place that addresses the standard's intent. "If an employee learns that a CSSD client was sexually abused while confined at another facility, the employee must contact their PREA Coordinator as soon as practical but no later than 48 hours from the time of the report. The PREA coordinator must notify the head of the facility where the alleged sexual abuse occurred as soon as practical, but no later than 72 hours from the time of the report, and contact the Judicial Branch PREA Coordinator. The allegation and report to the</p>

facility where the alleged sexual abuse occurred will be documented on the PREA Incident Report Form. “ An interview with the Director who oversees Lebanon Pines confirms that they would work with the client to report the previous abuse to the facility where it happened. As a treatment center, CT state laws on sexual abuse confidentiality would be the prevailing rules on the ability to report abuse without client permission. It was confirmed that they could report the past abuse allegation without utilizing the resident's name if they choose. The Auditor confirmed the Pre-Audit Questionnaire (PAQ) information with the facility Director and the agency CEO.

Indicator (b). In the interview, the facility Director was aware that notifications must be made within 72 hours of his staff being made aware of a sexual assault at another institution. State privacy laws bind the Agency as the program is voluntary and not part of the correctional system. The Auditor discussed the importance of encouraging non-CSSD clients who disclose past abuse in correctional settings.

Indicator (c). The Auditor and Director of Lebanon Pines discussed how she could document the notification by making a follow-up email after making initial contact with the other facility's Director.

Indicator (d). The Director and Chief Compliance Officer confirmed that an investigation would be initiated immediately upon receipt of notice from another institution of any criminal behavior that may have occurred at Lebanon Pines. There were no reported incidents where the agency was notified about past abuse at Lebanon Pines. The Auditor confirmed the Pre-Audit Questionnaire (PAQ) information with the facility Director and the agency CEO.

#### Compliance Determination

SCADD has not received any reports from other correctional institutions about claims of sexual assaults that occurred at Lebanon Pines. The facility did not have to report any claims of sexual assault to any other correctional institution.

Compliance, absent a claim that has to be reported to another facility, relied on the Director's knowledge of the requirements of the standard, including timeframes for reporting to other institutions. The agency understands the importance of responding to a past allegation of misconduct at its facility. Likewise, the agency is committed to notifying correctional centers when past abuse is reported, as allowed within state laws. Lebanon Pines is not a correctional center; it is a voluntary drug program that has 12 of 98 beds funded by the Connecticut Judicial Branch.



115.264	Staff first responder duties
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="279 409 735 443">SCADD PRE-Audit Questionnaire</p> <p data-bbox="279 488 1286 521">Southeastern Council on Alcoholism and Drug Dependency PREA Policy</p> <p data-bbox="279 555 826 589">Lebanon Pines PREA Training Materials</p> <p data-bbox="279 701 904 734">Individuals interviewed/ observations made.</p> <p data-bbox="279 768 475 801">Random Staff</p> <p data-bbox="279 913 767 947">Indicator Summary determination.</p> <p data-bbox="279 992 1477 1395">Indicator (a). Lebanon Pines has not had a case requiring a staff member to act as a first responder to a sexual assault or sexual harassment complaint. The auditor had to rely on the random staff members' ability to explain their first responder responsibilities. The randomly selected staff members interviewed described the steps they were trained on, including separating the victim from the potential threat and securing the crime scene. They also knew to ask the victim and the accused perpetrator not to shower, wash, brush, eat, drink or take any other actions that would affect the evidence on them or their clothes. The Southeastern Council on Alcoholism and Drug Dependency PREA Policy also sets forth expectations for staff consistent with this indicator, which states,</p> <p data-bbox="279 1440 1477 2011">“SCADD First Responder Duties In the event of an allegation of recent sexual abuse, security, and nursing staff (if available) should be notified immediately. The first security staff to respond should ensure the alleged victim and perpetrator have been separated. Simultaneously, another staff member shall call Emergency Medical Services and the State Police who shall oversee the crime scene and investigation. Once client safety is established, security staff will restrict access to the scene. Medical staff will address any urgent needs of the alleged victim while requesting efforts to preserve the physical evidence if the alleged abuse was recent. This includes not: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Security staff will attempt to ensure the alleged abuser does not do the above actions that may destroy evidence as well. Any staff present before security arrives should attempt to preserve the evidence until the authorities arrive.” The Auditor confirmed in staff interviews that no one has had to act as a first responder.</p>

	<p>Indicator (b). All staff at Lebanon Pines are trained to be first responders. All staff are trained on how to respond to incidents of sexual abuse, including the protection of evidence. There were no allegations of sexual abuse that required an individual to act as a first responder. A review of the PREA Staff training materials (slides 24-28) confirmed that staff are trained on first responder duties. The slides included the following description of duties.</p> <p>The First Responder to a sexual assault</p> <ul style="list-style-type: none"> <li>❖ Is the first staff member, contractor, or volunteer on the scene</li> <li>❖ Contains and deescalates the situation</li> <li>❖ Provides safety and support for the victim until emergency response team arrives</li> <li>❖ Do not touch or remove anything from the scene. Do not attempt to collect evidence- you are not a trained as a criminal investigator.</li> <li>❖ Blocks off the scene. Preserve and protect the evidence. SCADD does not investigate or clean anything, - this is considered a crime scene.</li> </ul> <p>Interviews with random staff confirmed that they would not touch anything, secure the scene, get the resident out of the environment, and contact the supervisor. Interviews with twelve random staff indicated they would all immediately report the information.</p> <p>Compliance Determination</p> <p>In the absence of a sexual abuse case, the Auditor had to rely on random staff interviews to determine compliance with the standard. The facility has yet to have a staff person act as a first responder. The Auditor relied on the staff's ability to describe training expectations. The staff were well-versed in the expectations of a First Responder, including protecting the potential victim and preserving evidence, whether in a physical space or on an individual.</p>
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115.265	Coordinated response
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Corrective Action: The facility has policy language but no specific plan for staff to reference to ensure all the agency's expectations are met in responding to incidents of sexual misconduct. The Chief Compliance Officer is developing a document that will describe the actions of first responders, supervisors, medical staff, mental health staff, investigators, and administrators.</p>

	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD PRE-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>Individuals interviewed/ observations made.</p> <p>Lebanon Pines Director</p> <p>Random Staff</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Lebanon Pines has developed a Coordinated Response Plan that is available to staff. The facility had not developed a written plan prior to the original site visit. The plan developed addresses the role of the first responder's actions and identifies several other individuals who would be involved in the response at the facility and agency levels. Agency policy, in which the plan lives, provides improved guidance to staff beyond the first responder, including a more descriptive explanation of the medical and mental health teams' role.</p> <p>Compliance Determination</p> <p>The plan is available to all staff to address responding to sexual abuse incidents. The staff's awareness of the plan at the time of the corrective action site visit supports compliance, and agency practice will ensure that staff receive an update on the policy changes. The Auditor believes the Lebanon Pines staff are sufficiently trained to implement the plan if an incident occurs. The Director further supported compliance and described the information and roles of the various response team members. The changes were made during the post-audit phase and approved through the agency administration.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>SCADD PRE-Audit Questionnaire</p> <p>Southeastern Council on Alcoholism and Drug Dependency PREA Policy</p> <p>Individuals interviewed/ observations made.</p> <p>Chief Executive Officer</p> <p>Human Resources Director</p> <p>Lebanon Pines Director</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Southeastern Council on Alcoholism and Drug Dependency, Lebanon Pines's parent organization, does not employ unionized employees at its Lebanon Pines facility. The agency’s Human Resources Director and the facility Director confirmed the ability to place staff out on administrative leave during a criminal or administrative investigation into sexual abuse. The Auditor reviewed the agency handbook, which reminds employees that SCADD is an at-will employer that can remove staff from employment for any misconduct. The handbook outlines the expected code of conduct and warns employees against engaging in retaliation, which could result in an individual being placed on leave during an investigation. There have been no reported investigations related to sexual misconduct that have required Lebanon Pines to place a staff person out of work during an investigation.</p> <p>Indicator (b). The auditor is not required to audit this provision.</p> <p>Compliance Determination:</p> <p>Absent an allegation of staff sexual misconduct or retaliation, the Auditor finds the standard to be compliant. The agency has an employment practice that allows Lebanon Pines to put an accused staff person out of work on administrative leave. In doing so, they could protect a resident from further abuse or harassment. Interviews with the Southeastern Council on Alcoholism and Drug Dependency and Lebanon Pines leadership, and the stated policy support the determination of compliance.</p>
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115.267	Agency protection against retaliation
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="279 409 735 443">SCADD PRE-Audit Questionnaire</p> <p data-bbox="279 488 759 521">Policy Prison Rape Elimination Act</p> <p data-bbox="279 633 903 667">Individuals interviewed/ observations made.</p> <p data-bbox="279 701 608 734">Lebanon Pines Director</p> <p data-bbox="279 779 531 813">PREA Coordinator</p> <p data-bbox="279 857 451 891">SCADD CEO</p> <p data-bbox="279 992 767 1025">Indicator Summary determination.</p> <p data-bbox="279 1059 1481 1641">Indicator (a). Southeastern Council on Alcoholism and Drug Dependency has policy language on protecting individuals from being retaliated against for reporting or cooperating in an investigation of sexual misconduct. SCADD PREA policy establishes the agency's expectation for a client to be free from retaliation. It states, "SCADD will enact multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for client or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." The Lebanon Pines Director reports that she would expect the client's clinician to be the facility's primary individual responsible for monitoring any negative outcomes after making a claim. If the allegation was against staff, the facility Director and the PREA Coordinator would be tasked with meeting with the client. The facility did not have any sexual abuse or sexual harassment cases requiring monitoring.</p> <p data-bbox="279 1753 1469 2078">Indicator (b). The facility Director spoke to Lebanon Pines's multiple options to protect residents from retaliation. This includes reassigning rooms or moving residents from one housing to another. In more extreme cases, the agency may ask an aggressive resident to leave the program. The Auditor confirmed that the client may also be moved to rooms closer to staff offices, and additional check-ins with mental health would occur. Policy language states, "SCADD will enact multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or client abusers from contact with victims, and</p>

emotional support services for client or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.”

Indicator (c). The Lebanon Pines facility has not had a PREA-related complaint that would require the monitoring of residents or staff. The facility Director was aware that staff and residents who report or cooperate with a PREA investigation should be monitored for a period of up to 90 days (Lebanon Pines' average length is about 90 days). She was able to describe things that would be reviewed as possible symptoms of retaliation, including changes in attitude or behavior, routines, and peer interactions. Lebanon Pines Clinical staff routinely asked residents about their feelings of safety. The policy states that the PREA Coordinator will monitor residents to prevent retaliation. “SCADD PREA Coordinator and or the assigned designee is responsible for periodically monitoring for at least 90 days following a report of sexual abuse. SCADD shall monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest retaliation by the client or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.”

Indicator (e). As noted in indicator (b), the protections enacted by the Southeastern Council on Alcoholism and Drug Dependency would extend to any individual who cooperated in the investigation of sexual misconduct. The policy supports residents who report retaliation for those who report or cooperate in a PREA Investigation. “The Client's Rights Officer or her or his designee is available for the client to report any retaliation. Clients and staff members can report through the See Something Say Something Hotline. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall act appropriately to protect that individual against retaliation.”

Indicator (f). The Auditor is not required to audit this provision

#### Compliance Determination

The Auditor finds that Lebanon Pines is compliant with the expectations of this standard. The leadership is aware of the conditions they need to monitor for retaliation against any individual who cooperates in an investigation. As a voluntary short-term drug treatment center, most victims would be released before the client's retaliation period reached 90 days. The policy language supported this determination of compliance, and residents who consistently supported them could

	approach any staff and believe they would be kept safe.
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>Administrative Investigation Training</p> <p>SCADD PREA Investigation report template</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>Operations Manager</p> <p>Chief Compliance Officer</p> <p>Summary determination.</p> <p>Indicator (aj). Lebanon Pines program is not responsible for completing criminal investigations at Lebanon Pines. The Agency has a working relationship with the local State Police Department who have the legal authority to complete criminal investigations into sexual assault. Lebanon Pines handles investigations into non-criminal sexual misconduct claims and completes its own investigations into staff actions during critical incident reviews. The Agency has staff trained at an agency level to investigate administrative allegations against staff. The facility also has staff in place at Lebanon Pines to complete administrative investigations in resident-on-resident allegations.</p> <p>The facility has trained on how to protect evidence by sealing off the area until trained police investigators arrive and by encouraging the reported victim and perpetrator not to change, wash, brush, drink, smoke, etc. in an effort to preserve evidence. Staff were aware they needed to file reports, and the agency administration will support the criminal investigation by sharing documents allowed by law. As the Lebanon Pines and SCADD staff are not responsible for criminal aspects of the case, compelled interviews and communication with prosecutorial</p>

authorities would remain the police's responsibility. The Auditor confirmed with the State Police that polygraphs or other truth-telling devices are not required to move forward in the investigative process.

Though Lebanon Pines staff have not completed an administrative investigation into sexual abuse or sexual harassment allegations, they have in place the pieces to ensure that all claims are investigated. The Agency staff confirmed they would look into staff's actions or inactions to determine if they allowed the abuse or harassment to occur. A review of the SCADD PREA policy supports there is information requiring an investigation of all sexual abuse, sexual harassment or retaliation allegations. Policy language confirms the expectation of law enforcement in the completion of criminal investigations and the agency's responsibility to complete administrative investigations into all non-criminal allegations of sexual misconduct. There have been no reported allegations of sexual misconduct in the past 12 months at Lebanon Pines. The staff interviewed understood that all allegations must be reported immediately to the administration, no matter the course of the complaint, including third-party cases.

Indicator (b) The Auditor confirmed with the Chief Compliance Officer and the Lebanon Pines Director that the Connecticut State Police conduct criminal investigations related to sexual abuse. In instances of sexual abuse that were not criminal, they would investigate. SCADD has agency staff and Lebanon Pines staff trained to complete investigations of sexual misconduct. The Agency has provided three certificates of staff who have completed training on completing Sexual Abuse Investigations in Correctional Settings. Discussion with the state police representative confirmed that troopers receive training on investigating sexual abuse cases and that the department can have staff with further specialization come to complete the case if deemed necessary.

The policy states the following about criminal investigations. "The Connecticut State Police shall serve as the investigating authority for allegations of sexual abuse that occur within Lebanon Pines. Allegations of sexual abuse that occur at Lebanon Pines either between LP CSSD clients or between LP CSSD and LP clients or by a SCADD employee must be reported to the Connecticut State Police. The Lebanon Pines Program Director, the Executive Director of SCADD, the Judicial Branch and the Lebanon Pines PREA Coordinator should all be notified of the incident report. Notification of the Connecticut State Police shall be done by the Director or his/her designee immediately following the above notifications. Sexual abuse investigations by the Connecticut State Police may occur concurrently with an administrative investigation by SCADD personnel. SCADD will assist the Connecticut State Police as needed."

Indicator (c) The Auditor was able to speak with staff on how to protect evidence until trained law enforcement arrived. The individuals interviewed knew to close off where the alleged incident had occurred and encouraged the individuals involved in



the incident not to do anything to destroy any evidence on their person. The medical staff understood they were not completing a forensic exam but also knew that any actions they took regarding the victim's health should attempt to not destroy and evidence that could be found in the course of an examination. The policy states the following regarding evidence collection: "Lebanon Pines PREA Coordinator shall initiate an administrative investigation into all complaints or incidents of sexual abuse, sexual harassment, or retaliation involving LP CSSD clients in accordance with SCADD policies and procedures. The administrative investigation will include whether the alleged incident of sexual abuse, sexual harassment, or retaliation was the result of employee misconduct or negligence. Administrative Investigations shall be conducted by an appointed staff person(s) who has completed Specialized Training in Investigations.

- include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

ALL STAFF are to ensure the area of the alleged sexual abuse incident is secure for Law Enforcement.

Law enforcement shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." The Director and Operations Manager confirmed all written reports and video surveillance data would be provided to investigators.

Indicator (d) Policy language supports this indicator but will be based on the findings of the state police. "When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

Indicator (e) The Auditor reviewed with the Director and Operations Manager what they had learned about assessing the credibility of individuals in an investigation. They discussed that they would look at motivation, biases, history, and inconsistencies in the information provided as factors to consider. The investigators knew an individual's role as a staff member or a resident should not factor into the decision-making process. As noted above, the agency does not use polygraphs or other truth-detection devices in its investigations.

Indicator (f) As noted in indicator (c), the agency has policy language that is consistent with the standard. Since the facility has not had an allegation, there were no incident files to review. The Auditor was able to review the report template developed by the agency, which provides information on the incident, the individual involved in the investigations, and the various elements considered in the investigative process, including testimonials and video data. The template includes prompts to the author to further support the creation of a thorough report.

Indicator (g) There were zero allegations of sexual abuse and sexual harassment, and as such, there were no criminal investigations completed. The interview with the facility investigator indicated the Connecticut State Police would do an investigation and provide her with the outcome. She stated she does not know if it is included in a written report, as they do not receive a copy of the reports.

Indicator (h) No criminal allegations were investigated, and no cases were referred to the courts for prosecution. The Agency policy states, "Substantiated allegations of conduct that appears to be criminal shall be referred for Prosecution:

- All written reports referenced in the regulation shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
- Any state entity or Department of Justice component that conducts such investigations shall do so pursuant to PREA requirements.
- When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." As noted above, the Director confirmed she would make the police aware of the federal requirements.

Indicator (k) Auditor is not required to audit this provision.

Indicator (l) Lebanon Pines has a working relationship with the State Police Barracks. The Lebanon Pines Director reported that she would ensure open communication between the two agencies so that PREA's federal requirements, including required notifications, can be completed promptly.

#### Compliance Determination

There was no individual who was a reported victim of sexual assault at Lebanon

	<p>Pines for the Auditor to interview as part of this standard's review. Absent a criminal case or administrative action, the Auditor relied on interviews, policy, and training materials to determine compliance. As a voluntary short-term substance abuse program, perpetrators of sexual assault or sexual harassment would likely be removed from the facility. It is also likely that the victim would be released before a criminal investigation or indictment would occur. The agency has taken the appropriate steps to be prepared to complete and document administrative investigations into sexual abuse or sexual harassment claims.</p>
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115.272	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Administrative Investigation Training.</p> <p>SCADD PREA Investigation report template</p> <p>Individuals interviewed/ observations made.</p> <p>Service Director</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Lebanon Pines, as noted in standard 115.234, has individuals at Lebanon Pines or in SCADD Leadership who have completed the specialized training on administrative investigations. The agency has had no allegations of sexual abuse or sexual harassment in the past year. The training materials for investigators state that the standard to be used in determining the outcome of an allegation is to be the preponderance of the evidence of the incident, which indicates that the person violated existing statutes or program rules. The Director and Operations Manager were able to define for the Auditor that the preponderance of the evidence is that it is more likely that an incident happened versus not after the review of all evidence. They also reported that administrative investigations would determine whether staff actions or failures to act contributed to the abuse.</p>

	<p>Compliance Determination</p> <p>The Auditor spoke with the Director and Operations Manager, who are individuals trained as investigators. SCADD has trained Lebanon Pines and agency leadership in completing administrative investigations of PREA claims of sexual abuse or sexual harassment. The Auditor confirmed there is no greater standard in determining the investigation outcome than a preponderance of the evidence. The agency training materials also support a determination of compliance.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Lebanon Pines Director</p> <p>Interview with Chief Compliance Officer</p> <p>Indicator Summary determination.</p> <p>Indicator (a). After an investigation, the Lebanon Pines administration will ensure, according to interviews, that resident victims are informed of the outcome, including a determination that the claim is substantiated, unsubstantiated, or unfounded. The outcome of the criminal cases will be notified by the investigation authority or the state's victim advocate. The facility would meet with clients on administrative investigations into non-criminal claims. There were no criminal or administrative Investigations in the past year, so there were no notifications to review.</p> <p>Indicator (b). As noted in 115.271 (l), the Connecticut State Police Department is responsible for completing criminal investigations at Lebanon Pines. Facility leadership understands that, at the conclusion of any law enforcement investigation where a sexual abuse incident has been reported, the victim should be notified that</p>

the investigation is concluded and the outcome. The program shall inform the client as to whether the allegation has been determined from the administrative investigation, if it was substantiated, unsubstantiated, or unfounded. The Lebanon Pines Director would open up communication channels to ensure sufficient information is obtained in a timely fashion to report to the victim residents. SCADD would complete administrative investigations of sexual assault where appropriate. Such investigations would be looking to see if the staff's actions or inaction played a part in the assault. Absent a case of sexual misconduct, the Auditor asked the Director about how communication occurs between the State Police Department and Lebanon Pines.

Indicator (c). As noted in standard 115.266, the agency is committed to ensuring victims and staff alleged to have committed sexual misconduct are separated. The Chief of Human Resources and CEO shall determine if the staff member should be placed on administrative leave pending the conclusion of the investigation. The agency has policies in place to be able to place staff on administrative leave. The Lebanon Pines Director is aware of the required notifications to the victim if an allegation involves a staff person. These notifications include if the staff person is no longer employed, has been indicted, or when the staff person is convicted. Due to the short-term nature of the program, a victim would likely have been discharged before a criminal indictment occurred.

Indicator (d). The Lebanon Pines Director is also aware of notification to a victim when a resident perpetrator has been indicted or convicted. Since the Lebanon Pine's length of stay is usually under a month, notification on convictions would be unlikely and would become the responsibility of the Victims' Advocate Office of the courthouse where the case was held. The Lebanon Pines Director was also aware of notifying residents when the accused perpetrator was no longer working at that location, if they were indicted, or if the staff person was convicted.

Indicator (e). The notification would be documented in the client's chart. The Auditor suggested the development of a form the client signs to ensure consistent application of the notification standards. The Auditor has recommended the development of a standardized form.

Indicator (f). The auditor is not required to audit this provision

#### Compliance Determination

The Southeastern Council on Addiction and Drug Dependency has put in place mechanisms to ensure residents are told of the outcome of sexual assault and

	sexual harassment claims. In determining compliance, the Auditor reviewed policies and interviewed the Lebanon Pines Director. Lebanon Pines had not had a sexual assault or sexual harassment case from which the Auditor could review information.
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>Individuals interviewed/ observations made.</p> <p>Lebanon Pines Director</p> <p>Chief of Human Resources</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Southeastern Council on Alcoholism and Drug Dependency's PREA policy states that staff can be subjected to discipline. "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies under the directions of § 115.276." The policy further informs staff of potential discipline when it states, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be 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." No employees of Lebanon Pines have been disciplined for sexual harassment or sexual abuse of clients in the past three years.</p> <p>Indicator (b). SCADD Administration is committed to ensuring client safety. As noted in indicator (a), policy languages support employee termination for those who engage in sexual abuse. The Chief of Human Resources and the Lebanon Pines Director confirmed that employees who engage in sexual misconduct with a resident can be terminated for the first offense. The agency notifies all employees at the point of hire of the agency's status as an at-will employer with the ability to</p>

terminate employees at any time.

Indicator (c). SCADD is an at-will employer and has the ability to determine appropriate sanctions for non-criminal behavior. As noted in indicator (a), the policy defines the ability to utilize progressive discipline for employees' actions, which may not be criminal. The policy language supports the standard expectation that 'consequences should be commensurate with the nature and the circumstances of the acts committed. All SCADD employees are at will, which means they may be terminated at any time and for any reason, with or without advance notice. Employees are also free to quit at any time. Interviews confirmed that discipline for non-criminal behaviors would be based on the employee's overall history and the nature of the offense. Employees interviewed understood sexual misconduct with residents would lead to termination.

Indicator (d). The facility will notify the State Police of all sexual assaults or sexual harassment behavior that appears to be criminal in nature, even if the employee has left the agency. The Lebanon Pines Director confirmed that outcomes of administrative or criminal investigations related to sexual abuse or sexual harassment of clients would be forwarded to Human Resources to become part of their employment record. The agency policy states, "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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." The Chief of Human Resources confirmed the executive management team would review violations of the agency's code of conduct to determine if the violation warranted notification to the Department of Public Health, which oversees individual licensure of clinical staff. All incidents of sexual misconduct by staff are required to be reported to the DMHAS, which licenses the facility.

#### Compliance Determination

The Southeastern Council on Alcoholism and Drug Dependency has a policy that states staff who violate the agency's sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions, up to and including termination, will be taken for a substantiated finding of sexual abuse. Discipline, per policy, will be proportional to the nature and circumstances of the acts committed and comparable to other staff with similar histories. SCADD requires all allegations of sexual abuse to be reported to the local authorities, regardless of whether the staff member resigns or is terminated. No Lebanon Pines staff member has been disciplined for a PREA-related violation in the past year because of a criminal or administrative investigation. Absent a recent staff discipline, compliance was based on policy and the interviews with the facility Director, the agency PREA Coordinator, and the Human Resources staff. The Auditor also considered interviews with staff

	who were familiar with the agency's disciplinary practices.
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>Individuals interviewed/ observations made.</p> <p>Lebanon Pines Director</p> <p>Chief Compliance Officer</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Lebanon Pines currently only employs a small number of contractors to provide direct service to residents. The Kitchen staff cook and supervise work crews in the kitchen who assist in cooking, serving, and cleaning up after meals. The facility has no other direct service contractors. All other one-time contractors entering the facility, such as repairmen, are supervised by staff. The facility also has one religious service volunteer.</p> <p>The PREA policy allows for the immediate cessation of visits by any contractor or volunteer accused of engaging in sexual misconduct. The agency policy requires all criminal behavior to be reported to the police, whether the individual is an employee, contractor, volunteer, or visitor. The policy states, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies per § 115.277. SCADD shall take appropriate remedial measures and shall consider whether to prohibit further contact with a client, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.” There have been no cases where contracted staff or approved volunteers had their access denied due to sexual abuse or sexual harassment of a resident.</p> <p>Indicator (b). Discussions with the Lebanon Pine Director confirmed the policy</p>



	<p>language in indicator (a), which states that non-criminal acts by a volunteer or contractor would be reassessed to determine if remedial actions such as retraining could mitigate the situation and prevent further violations.</p> <p>Compliance Determination</p> <p>Lebanon Pines employs limited contractors who provide direct services to the clients at the facility. As noted in 115.232, all individuals entering the facility are educated about PREA, and contractors or volunteers are supervised. The facility has not employed a contractor or received any voluntary services from a professional to whom a licensing board would be informed of violations of PREA. The Lebanon Pines Director reports that no volunteer or contractor was the subject of any PREA-related investigation in the past year or required any corrective actions. Without any discipline from volunteers or contractors, compliance is based on policy and interviews with the facility director and the agency's Chief Compliance Officer.</p>
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115.278	Disciplinary sanctions for residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Lebanon Pines Director</p> <p>Representative of Referring Agency</p> <p>Residents</p> <p>Indicator Summary determination.</p>

Indicator (a). The Lebanon Pines policy does not have a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. Because the program is a voluntary drug treatment facility and a short-term program, clients would likely have been discharged before the completion of a criminal or administrative investigation. There have been no allegations of sexual abuse by any residents in the past 12 months.

Indicator (b). As noted in indicator (a), residents who sexually assault other residents would be discharged from the program.

Indicator (c). An interview with the Lebanon Pines Director confirms that the agency and facility have multiple levels of review to ensure decisions are made regarding the client's treatment and the overall safety of the milieu in mind. As noted above, individuals who are sexually aggressive would be discharged from the program. Other violations of non-criminal sexual harassment or engaging in acts that are prohibited in the client handbook would reportedly be reviewed by the treatment team to determine the necessary response.

Indicator (d). As a voluntary substance abuse program, perpetrators of sexual abuse would not stay in the Lebanon Pines facility after an attack. Residents interviewed understood behaviors that would result in removal from the program.

Indicator (e). The Auditor also confirmed with the Director that residents who engage in sexual relations with staff would be reviewed through the treatment program.

Indicator (f). As noted in previous indicators, the Lebanon Pines facility would approach an intentional false PREA claim through treatment. The client's progress in the environment and understanding of the underlying behaviors are just a few of the issues considered.

Indicator (g). Lebanon Pines prohibits sexual contact between residents. It is stated in the resident handbook as part of zero-tolerance statements, and residents are aware of this expectation. SCADD has zero tolerance for all forms of client-on-client, staff-on-client, or client-on-staff sexual contact, sexual abuse or sexual harassment. According to the Lebanon Pines Director, if residents have engaged in sexual activities, there would be an investigation of facts, and residents would be met with

	<p>to ensure there was no intimidation by either party to claim the activity as consensual. Residents would not be disciplined, but an assessment by the treatment team would be made to determine if the residents could remain in the facility.</p> <p>Compliance Determination:</p> <p>The Client handbook makes it clear that verbal or physical abuse/ aggression/ altercations are unacceptable and may lead to discharge. Compliance is determined through the various documents provided, interviews with the Lebanon Pines Director, and random clients. Since Lebanon Pines is not a correctional facility and it is a short-term treatment program, there is no formal sanctioning process. Individuals who engage in criminal behavior would be removed. Those individuals who engage in sexual abuse would be removed from the program immediately. Individuals who engage in non-criminal sexual misconduct would be reviewed through a treatment lens by the facility's treatment team. The Agency has a quick response plan in place to ensure agency leadership is involved in any decision to remove a client from the program. The Auditor believes the system in place ensures an equitable practice for all clients. Discussions with facility and agency leadership support an effort to ensure the overall milieu safety. The residents' understanding of behavior that could lead to discharge further supports compliance.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>CT Dept of Public Health Website</p> <p>CT General Statutes</p> <p>CT Technical Guidelines for Health Care Response to Sexual Assault</p> <p>Individuals interviewed/ observations made.</p> <p>Representative of Bacus Hospital</p> <p>Residential Supervisor</p>

Program Nurse

Lebanon Pines Director

Indicator Summary determination.

Indicator (a). Lebanon Pines has in place emergency medical treatment for victims of sexual abuse. The facility is less than ten miles to a hospital with SANE services. The facility has a nurse and access to an on-call medical provider. In the interview with the program nurse, she confirmed that they have medical autonomy to determine if a client needs to go out to the hospital. Discussions with the Lebanon Pines Director also confirm that there are no barriers to getting a client out to the hospital if needed. The nurse reports that a victim of sexual abuse would go by ambulance to the local hospital. Since it is an open environment and not a correctional center, there is no security concern when a client can go out to a hospital. All medical treatment performed on-site, as well as documentation from the hospital, would be placed in the resident's medical chart. The facility-coordinated response plan requires potential victims to be sent to the hospital. Also, the local rape crisis agency Sexual Assault Crisis Center of Eastern Connecticut (SACCEC) would also aid

Indicator (b) The SCADD PREA policy states that in the event of an allegation of sexual abuse, treatment staff will notify the nurse (if available) immediately. The first individual to respond shall ensure that the alleged victim and perpetrator have been separated. Simultaneously, another staff member shall call Emergency Medical Services and the State Police, who shall be in charge of the crime scene and investigation. Medical staff, if on duty, will attend to any urgent needs of the alleged victim while requesting efforts to preserve physical evidence if the alleged abuse was recent. Staff interviews on first responders' duties confirmed they would not touch anything, secure the scene, get the resident out of the environment, and contact their Supervisor. Interviews with random staff indicated they would all immediately report the information.

Indicator (c). Interviews with local hospital representatives supported that resident victims would be offered information on STD testing and prophylactic medication. After the emergency visit to the hospital, they may do follow-up care with the program nurse or with their local medical provider if preferred. State Statutes also address these requirements.

Indicator (d). Interviews with community service providers and information on the Connecticut protocol for Sexual Assault Investigations confirmed that there is no cost for the treatment of victims of sexual assault. The state Victim Compensation Fund provides the funds. The Connecticut state statutes SEC. 19a-112a includes No

	<p>costs incurred by a health care facility for the examination of a victim of sexual assault, when such examination is performed for the purpose of gathering evidence as prescribed in the protocol, including the costs of testing for pregnancy and sexually transmitted diseases and the costs of prophylactic treatment as provided in the protocol, and no costs incurred for a medical forensic assessment interview conducted by a health care facility or provider or by an examiner working in conjunction with a multidisciplinary team established pursuant to section 17a-106a or with a child advocacy center, shall be charged directly or indirectly to such victim. Any such costs shall be charged to the Forensic Sex Evidence Exams account in the Judicial Department. Since the program averages under three months, the healthcare staff can provide service linkage back to their home community.</p> <p>Compliance Determination</p> <p>Lebanon Pines has available medical and mental health staff onsite or on call. Clients who are victims of Sexual abuse will be sent to a community hospital for forensic examinations. There the client can be supported by Rape Crisis Agency staff. As a clinical setting, all clients are provided mental health services. As a result, they have trained all staff who are experienced in working with individuals who have prior trauma, including past sexual abuse. An interview with the medical staff confirmed they can support a resident medically post-release from the hospital. Clients may also seek medical support from their own primary physician. All staff are aware of the importance of protecting evidence, including informing resident victims not to take any action that would compromise or degrade the evidence. Victims of sexual assault at Lebanon Pines have appropriate access to medical and mental health services without cost. The Auditor finds the standard to be in compliance. Absent a case requiring the implementation of the coordinated response plan, the Auditor relied on policy, staff, and community resource information to determine compliance.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>PREA Screening results</p>

State of CT Website

CT Guideline for Healthcare Response to Victims of Sexual Assault

Individuals interviewed/ observations made.

Residents with prior victimization histories

Clinical staff

Agency Nurse

Local rape crisis agency

Local Hospital

Indicator Summary determination.

Indicator (a). Lebanon Pines will offer medical or mental health evaluations and treatment as needed to individuals sexually abused either at the facility or during a previous institutional stay. A resident who reports a prior victimization history to Lebanon Pines would be offered the opportunity to cover this trauma during the therapeutic treatment sessions. Both members of the clinical team and the medical team screen all clients. Absent a case of abuse, the Auditor relied on interviews with the Lebanon Pines Director and the facility's registered nurse. Both reported treating clients in the program who have experienced abuse in other settings. Identified residents with victimization histories interviewed confirmed access to counseling and medical services.

Indicator (b). Representatives of medical and mental health staff confirm they can provide ongoing services to recent victims of sexual misconduct. As a trauma-informed agency, they look to empower clients in the treatment process while providing a safe environment. Medical staff can support a client who was taken out for a forensic exam, offering appropriate follow-up services on-site or through referral. The clinical team will work with the client on the issue they feel ready to address to avoid traumatization. Both medical and clinical teams are experienced in helping clients transition to community-based services in the resident area. Once the resident prepares to leave the 28-day program, the agency's clinical and medical staff confirm they will aid in the continuity of services by making referral recommendations close to the community where they will be living. The representative of SACCEC (Sexual Assault Crisis Centers of Eastern CT) also confirmed that individuals with whom they have provided supportive services would be offered information about the availability of support in the community where the individual would be living.

Indicator (c). Lebanon Pines Clinical staff have low caseloads to be able to provide intensive support to the client during their stay. The medical staff can provide a host of ongoing support, and because the program is not a secure setting, clients can be referred to the specialist if needed. Residents who have been victims can have medical care consistent to what is available in the community. The facility offer medical and mental health evaluations and appropriate treatment for those who have been victims of sexual misconduct. Victims shall also be provided with medical and mental health services consistent with the community level of care.”

Indicator (d). N/A The Lebanon Pines Program is all-male.

Indicator (e). N/A The Lebanon Pines Program is all-male.

Indicator (f). The Hospital staff confirmed that Sexually Transmitted Disease testing is provided to all victims of sexual abuse. The Nurse at Lebanon Pines also supported they would work with the client who may have initially refused the STD testing or prophylactic medications in indicated.

Indicator (g). Treatment services are provided to victims even if they do not name the abuser or cooperate fully with the investigation. Connecticut has state law prohibiting the billing of victims of sexual abuse. The state protocol for forensic examination includes information on how two state agencies are responsible for reimbursing the hospital for care and the state laboratory for processing the rape kit. The Auditor confirmed the law (C.G.S. §19a-112a) through statute review.

Indicator (h). The indicator does not apply as a treatment facility, any individual engaging in aggressive sexual behavior would be removed from the program.

#### Compliance Determination

The Southeastern Council on Alcoholism and Drug Dependency is committed to ensuring that residents in all its programs have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. The agency has appropriate medical and mental health services to support a resident with a past victimization history. The facility does not perform forensic examinations, so the agency would send the resident out for an examination. However, the agency would

	<p>be able to provide ongoing support to the victim upon return. Interviews with medical and mental health providers confirmed that resident victims could receive free-of-charge services, including STD and HIV testing and treatment, and related services. In determining compliance, the Auditor considered conversations with local hospitals, interviews with clinical staff, and residents with histories of victimization. The auditor also completed internet research on the various health service agencies to support the findings of compliance further.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>PREA Sexual Abuse Incident Review form.</p> <p>Individuals interviewed/ observations made.</p> <p>Lebanon Pines Director</p> <p>Chief Executive Officer</p> <p>Chief Compliance Officer</p> <p>Indicator Summary determination.</p> <p>Indicator (a). SCADD'S PREA Policy sets forth the obligation to have a critical review of all incidents of sexual abuse unless the allegation has been unfounded. The policy states, "Following every investigation in which there is a substantiated or unsubstantiated finding that sexual abuse occurred the Executive Leadership of SCADD will initiate a review team per § 115.286.</p> <p>The review team shall:</p> <ul style="list-style-type: none"> <li>• review the incident within 30 days of the conclusion of the investigation.</li> <li>• consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</li> <li>• consider whether the incident or allegation was motivated by race; ethnicity;</li> </ul>



gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

- examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- assess the adequacy of staffing levels/area including different shifts.
- assess whether monitoring technology should be used or enhanced to supplement supervision by staff; and

Upon the conclusion of the review, the review team shall prepare a report of its findings, including the determinations made, and any recommendations for improvement, and submit such report to the CEO or directly to the Board of Directors and PREA compliance manager. At the conclusion of the report recommendations review the actions for improvement or document its reasons for not doing so will be included in the final report.”

There have been no claims of sexual abuse or harassment at Lebanon Pines in the past three years. Incident reviews are an integral part of the agency's culture, with senior leadership conducting reviews when critical incidents occur in any of the agency’s programs.

Indicator (b). Policy as noted in indicator (a) states a review should take place within 30 days of the completion of an investigation. Without a complaint, the Auditor can only assess the timeliness based on policy language and senior management staff interviews. The facility director and the chief compliance officer understood the timeline expectations for this standard.

Indicator (c). The review team would include the agency executive team and facility management. The Auditor reviewed the PREA Incident Report form, which has embedded space for the review team to document who was present for the review. The Auditor discussed the importance of a multidisciplinary review in discussions with the leadership.

Indicator (d). A review of policy and the form created to document the review team's findings include the required questions to be considered in this indicator. Absent an actual case to review, the auditor confirmed the elements that would be discussed with the Lebanon Pines director and the chief compliance officer.

Indicator (e). Absent a PREA complaint of sexual assault or sexual harassment, the auditor relied on the language in the SCADD PREA policy to understand how the

	<p>committee is to use information obtained in the review process. “Upon the conclusion of the review, the review team shall prepare a report of its findings, including the determinations made and any recommendations for improvement, and submit such report to the CEO or directly to the Board of Directors and PREA compliance manager. At the conclusion of the report recommendations, review the actions for improvement or document its reasons for not doing so will be included in the final report.” Interviews with facility and agency leadership support the idea that corrective measures would be taken to ensure the safety of residents.</p> <p>Compliance Determination</p> <p>Lebanon Pines has not had an incident of sexual assault or sexual harassment in the past three years. As a result, the Auditor had to rely on policy and interviews to confirm compliance. Interviews with senior management of the agency and facility support an understanding of the indicators' requirements. The interviews also supported understanding how a critical review could implement policy or procedure changes if needed.</p>
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115.287	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>Policy Code Conduct</p> <p>CSSD Survey of Sexual Violence</p> <p>PREA Annual reports</p> <p>Individuals interviewed/ observations made.</p> <p>Chief Compliance Officer</p> <p>Lebanon Pines Director</p> <p>Indicator Summary determination.</p>

Indicator (a). SCADD collects uniform data on all sexual abuse or sexual harassment claims at Lebanon Pines, its only facility that is required to complete a PREA audit. The Auditor was provided a PREA data report they complete annually for the Judicial Branch that mirrors the federal Survey of Sexual Violence. The form collects information on PREA complaints/investigations. The agency policy speaks to the collection and use of data. "Data will be compiled annually into a report to assess the agency's prevention, detection and response policies, practices, and training. The report should include identifying problem areas, taking corrective actions, and comparing current data to the prior year's data to determine progress in preventing sexual harassment and abuse. The report should be approved by the Executive Director. The report will maintain confidentiality in accordance with all state and federal regulations. Data will be maintained for 10 years."

Indicator (b). The agency takes collected aggregate data at the facility level for sexual abuse/harassment allegations while other information is maintained across the agency. Lebanon Pines management interviews support a review of all incidents to determine trends or needs. A client safety issue identified in non-PREA incidents could result in a solution that could also benefit sexual safety (i.e., Camera purchases). The facility has completed an annual report showing aggregate data for Lebanon Pine, the only SCADD facility required to undergo a PREA audit.

Indicator (c). Interviews with the Chief Compliance Officer and Lebanon Pines Director support information from the CSSD PREA data collection form were compared by the Auditor to the Federal SSV-4 form. Federal officials have not requested that the Agency complete the SSV-4 form. The CSSD form is required to be completed annually by the state's Judicial Branch.

Indicator (d). All incident reports and investigations are forwarded to the agency PREA Coordinator for the required storage.

Indicator (e). N/A- the facility does not contract for the confinement of residents.

Indicator (f). N/A- The Department of Justice has not asked Lebanon Pines for the SSV data, though the elements collected by the facility and the PREA Coordinator to support an ability to complete said report.

Compliance Determination

The Southeastern Council on Addiction and Drug Dependency collects information

	<p>sufficient to complete the Survey of Sexual Victimization (SSV) at Lebanon Pines. Indicator (e) does not apply as SCADD does not contract for beds. Lebanon Pines has not been requested to complete the SSV report or provide other related data to the US Department of Justice (indicator (f)). Absent any incidents of sexual misconduct, the Auditor had to rely on the agency's knowledge of expectations. The agency PREA Policy commits the agency to comply with the standard's data collection requirement. The Compliance is based on the policy information provided, the interviews with the agency leadership, and the form that documents the ability to fill out the federal Survey of Sexual Violence.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>Policy Code Conduct</p> <p>CSSD Survey of Sexual Violence</p> <p>PREA Annual reports</p> <p>SCADD Website</p> <p>Individuals interviewed/ observations made.</p> <p>Chief Executive Officer</p> <p>Chief Compliance Officer</p> <p>Lebanon Pines Director</p> <p>Indicator Summary determination.</p> <p>Indicator (a). The Southeastern Council on Alcoholism and Drug Dependency reviews data collected and aggregated pursuant to 115.287 in order to assess the effectiveness of its sexual abuse prevention, detection, and response policies and training. As noted in Section 115.286, the review includes identifying areas of concern and developing a plan of action to address these concerns. This review</p>

results in an annual report of the findings from its data review and any corrective actions completed at Lebanon Pines or the agency as a whole. The PREA policy requires that data be compiled annually into a report to assess the agency's prevention, detection, and response policies, practices, and training. The report should include identifying problem areas, taking corrective actions, and comparing current data to the prior year's data in order to determine progress in preventing sexual harassment and abuse. The report is approved by the Executive Director and is published on the agency website. The report maintains confidentiality in accordance with all state and federal regulations by not using any identifying information. The facility provided multiple years of reports for the auditor's review. The SCADD CEO stated that following every investigation in which there is a substantiated or unsubstantiated finding that sexual abuse occurred, SCADD's leadership team will initiate a review of the incident and will implement the recommendations for improvement or document its reasons for not doing so. She stated that the data will be compiled annually into a report in order to assess the agency's prevention, detection, and response policies, practices, and training.

Indicator (b). The SCADD annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. The Lebanon Pines Program has not had an allegation of sexual abuse, sexual harassment or retaliation in the past three years. The PREA policy states the data will be compiled annually into a report in order to assess the agency's prevention, detection, and response policies, practices, and training. The report should include identifying problem areas, taking corrective actions, and comparing current data to the prior year's data in order to determine progress in preventing sexual harassment and abuse. The report should be approved by the Chief Executive Officer and kept in printed form available for public request.

Indicator (c). The Annual Report was found on the agency's website. The agency has had no complaints of sexual abuse or sexual harassment in the past three years.

Indicator (d). To date, the agency has not had to redact information that would impact the facility's security or its clients' privacy.

#### Compliance Determination

Lebanon Pines and the Southeastern Council on Alcoholism and Drug Dependency policy address the standard's requirements for the use of data for corrective action. Since the facility does not have a history of PREA incidents, there is limited data

	<p>from which to make a critical analysis. As a result, the agency looks at these events, along with other non-PREA events, when determining safety concerns. Interviews with senior leadership support an agency that has experience utilizing data to inform practice. There is an understanding that the annual report must be completed and published on the agency's website. Compliance is based on the data provided and reviewed during the corrective action period, the information posted to the agency website, and the interviews. The interviews supported a consistent message that data analysis for program improvement is an agency-wide practice.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act</p> <p>SCADD website</p> <p>Annual PREA reports</p> <p>Individuals interviewed/ observations made.</p> <p>Chief Compliance Officer</p> <p>Lebanon Pines Director</p> <p>Tour of Lebanon Pines</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Agency records are maintained securely in an electronic software program. The system reportedly utilizes access controls to different fields of information based on an employee's job description. The facility has to comply with state and federal privacy laws, including HIPAA. Agency PREA Policy states, "Data will be compiled annually into a report to assess the agency's prevention, detection, and response policies, practices, and training. The report should include identifying problem areas, taking corrective actions, and comparing current data to the prior year's data to determine progress in preventing sexual harassment and abuse. The report should be approved by the Executive Director. The report will maintain confidentiality in accordance with all state and federal regulations. Data will be</p>

	<p>maintained for 10 years.” The Auditor reviewed a data tracking report from the agency website, which provided information on past allegations. The Auditor made recommendations on how to improve the document.</p> <p>Indicator (b). SCADD has a website that provides public access to the annual data reports on incidents of sexual abuse.</p> <p>Indicator (c) The Auditor’s review of aggregate reports shows no identifiers are used that could result in the identification of any victim of sexual abuse. There have been no cases of sexual misconduct complaints at the Lebanon Pines program since the last Audit. The Agency policy also addresses this as stated in indicator (a). SCADD redacts identifying information from the reports to protect the safety and security of a facility.</p> <p>Indicator (d). The Chief Compliance Officer reports that PREA data will be maintained for at least ten years.</p> <p>Compliance Determination</p> <p>The Southeastern Council on Alcoholism and Drug Dependency’s PREA policy addresses the requirements of this standard. All Lebanon Pines data related to PREA will be provided to the agency's PREA Coordinator, who will be responsible for maintaining and securing all data. If the facility had an incident, all identifying information would be removed before any information is made public. There is no state or local law requiring longer maintenance of the records.</p> <p>Compliance is based on the information provided in the annual report, which includes no identifiers. The policy language on handling information supports compliance, as did interviews with the agency’s Chief Compliance Officer and the Lebanon Pines Director. The interviews support an understanding that all data is maintained for at least ten years. The annual report is posted on the agency website as required.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

SCADD Website/ PREA

Individuals interviewed/ observations made.

TOUR of Lebanon Pines

General observation of staff and residents' interaction by the Auditor

Indicator Summary determination.

Indicator (a). SCADD has only one program that currently undergoes PREA Audits. The Lebanon Pines program was last audited in 2022. The facility is a private voluntary substance abuse program with a % of beds (12%) funded by the CT Judicial Branch, which reportedly requires the audit.

Indicator (b). SCADD Lebanon Pines site visit occurred in year three of the audit cycle.

Indicator (h). The Auditor was provided access to all areas during the tour, and if he had follow-up questions, he was allowed to return to areas for additional viewing. The Auditor reviewed all spaces accessed by Lebanon Pines clients. There are several buildings with housing and programming spaces. There is a medical building with a recreation space above, an administrative building where intakes occur, and a dining facility. The Auditor also made observations of outdoor spaces used by clients.

Indicator (i). The Auditor was permitted to request and receive copies of relevant documents. Information was provided in advance in the OAS, and more was furnished at the Auditor's request when on-site. During the post-audit period, the Auditor worked with senior leadership to get additional documentation uploaded into the OAS to support compliance determinations.

Indicator (m). The Auditor was able to meet with clients and staff in a private space. The auditor used the conference room in the administrative building to interview clients and staff. The Auditor reviewed human resources records and met with the HR staff from the Corporate Offices who came to the site. The CEO was present for the opening meeting and was interviewed remotely on the second day.



	<p>Indicator (n). Postings providing the Auditor’s contact information were posted throughout the facility. The Auditor confirmed the postings were up for weeks before the site visit in interviews and through photos provided in advance. There was no correspondence from current or former residents, staff members, or other interested parties. The Auditor reached out to the funding source in addition to other community agencies to see if there were any concerns.</p> <p>Compliance Determination</p> <p>The standard is compliant based on evidence provided by the Southeastern Council on Alcoholism and Drug Dependency. The facility is required to complete the audit by the funding source of 12 of the 98 beds. The facility was helpful in the preparation of documents, and the staff were supportive to get the identified individuals to the interviews in a timely manner. The agency also worked with the auditor during the post-audit period to complete the required corrective actions.</p>
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115.403	Audit contents and findings
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>SCADD Pre-Audit Questionnaire</p> <p>Policy Prison Rape Elimination Act.</p> <p>SCADD website</p> <p>2022 PREA Audit report</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Lebanon Pines Director</p> <p>Summary determination</p> <p>Indicator (f). The Southeastern Council on Alcoholism and Drug Dependency has posted on its agency’s website (SCADD.org) the PREA Audit reports of Lebanon Pines’s PREA Audit in 2022. The Auditor confirmed with agency leadership that once</p>

finalized, this report must be posted to the site.

Compliance determination

The Southeastern Council on Alcoholism and Drug Dependency is compliant with the standard expectation.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	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
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes



	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	no
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes



	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes



	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes



	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes



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

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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