Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities

☐ **Interim** ☒ **Final**

Date of Report January 3, 2020

Auditor Information

Name: Adam T. Barnett, Sr.	**Email:** Adam30906@gmail.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: P.O. Box 20381	**City, State, Zip:** Augusta, Georgia 30906
Telephone: 706-414-6579	**Date of Facility Visit:** December 9-10 2019

Agency Information

Name of Agency: APT Foundation, Inc.		**Governing Authority or Parent Agency** *(If Applicable)*: APT Foundation, Inc.	
Physical Address: 1 Long Wharf Drive		**City, State, Zip:** New Haven, CT 06511	
Mailing Address: Same as above		**City, State, Zip:** Same as above	
The Agency Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: **www.aptfoundation.org**			

Agency Chief Executive Officer

Name: Lynn M. Madden, Ph.D., MPA	
Email: lmadden@aptfundation.org	**Telephone:** 203-781-4600

Agency-Wide PREA Coordinator

Name: Bob Freeman	
Email: bfreeman@aptfoundation.org	**Telephone:** 203-781-4600
PREA Coordinator Reports to: Lynn M. Madden, President/CEO	**Number of Compliance Managers who report to the PREA Coordinator:** 1

Facility Information

Name of Facility: APT Foundation/Residential Services Division (RSD)			
Physical Address: 54 E Ramsdell St.		**City, State, Zip:** New Haven, CT 06515	
Mailing Address (if different from above): Same as above		**City, State, Zip:** Same as above	
The Facility Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: www.aptfoundation.org

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☒ Other (please name or describe: CARF (Behavioral Health; Criminal Justice Special Population

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: NA

Facility Director

Name:	Daniel Lead, LCSW		
Email:	diead@aptfoundation.org	**Telephone:**	203-781-4600

Facility PREA Compliance Manager

Name:	Luke Gilleran, LPC		
Email:	lgilleran@aptfoundation.org	**Telephone:**	203-781-4600

Facility Health Service Administrator ☐ N/A

Name:	Dr. Gretchen Hermes		
Email:	ghermes@aptfoundation.org	**Telephone:**	203-781-4600

Facility Characteristics	
Designated Facility Capacity:	170
Current Population of Facility:	148
Average daily population for the past 12 months:	152
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males
Age range of population:	18 - 64
Average length of stay or time under supervision	45 days
Facility security levels/resident custody levels	ASAM Level III.5 Intermediate/Long Term
Number of residents admitted to facility during the past 12 months	585
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	578
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	397
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A
Number of staff currently employed by the facility who may have contact with residents:	81
Number of staff hired by the facility during the past 12 months who may have contact with residents:	14

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	4 Units
Number of single resident cells, rooms, or other enclosures:	18
Number of multiple occupancy cells, rooms, or other enclosures:	55
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☒ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Agency PREA Coordinator or the CDOC Agency PREA Unit) ☐ N/A

Audit Findings

Audit Narrative

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

Methodology:

The PREA audit of APT Residential Service was conducted December 9 -10, 2019. The APT Foundation, Inc., operates the Residential Service Facility that house inmates from the Connecticut Department of Corrections (CDOC). The APT Residential Services hereinafter maybe referred to as facility.

The auditor uses a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, practice, interviewed staff, residents, and local and national advocates to make determinations for each standard.

Site Review Location:

The site review for this audit took place at APT Residential Service, 54 East Ramsdell Street, New Haven, CT 06515. The auditor conducted pre-audit work prior to arrival at the facility.

Pre-Audit Phase:

Agency/Facility House Residents For:

- State of Connecticut Department of Correction - PREA
- Court Supportive Services (Judicial District) - PREA
- Community Walk-In Clients – None PREA
- State Department of Mental Health and Addiction Service - None PREA

It should be noted that the facility provides PREA information to all residents and staff as a best practice.

Audit Notice Posting:

During the Pre-Audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email confirming the posted notices and observed the posted notices during the on-site facility tour.

The audit notice was posted on October 22, 2019. Verified by email from the agency PREA Coordinator, resident and staff interviews, and observation during the tour.

As of December 7, 2019, there were no communications from residents or staff.

Pre-Audit Questionnaire (PAQ):

In order to prepare for the audit process, emails correspondence occurred with the agency PREA Coordinator. The Pre-Audit Questionnaire was completed and sent to the auditor as required. As a part of the on-site visit, the auditor requested that the facility PREA Coordinator review and revised the Pre-Audit Questionnaire to reflect updated information to include the current population.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the flash drive, to include both the agency and the facility policy and procedures, agency mission statement, daily population report, schematic/layout for the facility, and the last final PREA Audit Report. The facility received a list of documents reviewed by the auditor doing the Pre-audit phase for confirmation prior to the site visit. Phone conversations and email exchanges occurred with the facility.

The following documentation was requested for on-site visit:

- Residents' roster (100%)
- Youthful residents' roster (100%), if any
- Notice of Auditor Post Time Stamp (English & Spanish)
- List of residents with Disabilities
- List of residents who are Limited English Proficient (LEP)
- List of LGBTI residents (100%)
- List of residents in segregated housing (PREA Related), If any
- List of residents who reported sexual abuse
- List residents who reported sexual victimization during risk screening
- Staff roster (100%)
- List of specialized staff
- Staff Personnel (Documentation)
- Resident Documentations
- Contractors who have contact with residents (if any)
- Volunteers who have contact with residents (if any)
- PREA screening to be taken with the auditor
- PREA reassessments, to be taken with the auditor
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months (100%) to be taken with the auditor, (if any)
- All hotline call made during the 12 months (if any)

- A summary of all incidents within the past 12 months (log)
- Unannounced rounds documentation to be taken with the auditor

Additional pre-audit information requested prior to the visit was obtained.

Website Reviews:

Prior to the onsite portion of the audit, the auditor conducted a website review of the facility/agency and Connecticut State Department of Correction. The reviewed content included but not limited to:

APT Foundation Website:

- Intervention
- Intellectual Property
- Privacy Policy
- Outpatient Substance Abuse Treatment
- Intensive Outpatient Program
- Residential Services Division
- Employment Vocational Services
- Recent News
- Primary Care
- Mental Health
- FAQs

Connecticut Department of Correction (CDOC) website

- Organization Chart
- Operations & Rehabilitative Services Division
- Parole & Community Services
- Organizational Chart – Parole & Community Services
- Residential Services
- Victim Services Unit
- Office of the Victim Advocate
- Connecticut Alliance to End Sexual Violence (CAESV)
- National Center for Victims of Crimes
- Family and Friends Information
- Field Operations Manuel
- Directory of Contracted Community Programs
- PREA Unit
- CDOC Directive Number 11.1 Parole and Community Services
- CDOC Directive Number 11.4 Searches Conducted in the Community
- CDOC Directive Number 1.10 Investigations

- CDOC Directive Number 1.9 Audits
- CDOC Directive Number 3.13 Contracts Administration
- CDOC Directive Number 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- CTDOC Residential Provider Manual
    - Progressive Discipline/Incremental Sanctions
    - Grievances/Administrative Remedies
    - Visiting
    - Victim Notification
    - Inmate Correspondence
    - Safety & Security Searches
    - Possession of Cellular Phones
    - Prison Rape Elimination Act

On-Site Audit Phase:

Entrance Conference:

On December 9, 2019, the on-site audit started with meeting the Facility Director and the Agency PREA Coordinator. The entrance conference was held and attended by:

- Bob Freeman, Director of Clinical Operations/Agency PREA Coordinator
- Daniel Lead, Facility Director
- Luke Gilleran, Facility PREA Compliance Manager
- Alissa Williams, Clinical Supervisor
- Debbie Carter, Auditor Associate
- Adam Barnett, DOJ Certified PREA Auditor

Welcome was given by the Facility Director and Agency PREA Coordinator. The auditor introduced himself and provided a brief description of his experiences, qualifications, correctional and auditing background. The auditor provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The auditor also established a process to make corrections on site and if necessary, post onsite follow up.

The audit agenda was reviewed and discussed, to include resident population based on 1st day of on-site audit and the 2nd day activities.

On-Site Agenda

Day 1

Activity / Auditor
Arrival at the facility and meet with Director and PREA Coordinator;
Entrance Conference- meets key staff members / review agenda and provides a list of documents for on-site review and off-site review; staff and residents interview selections.
Facility tour and observations, and informal interviews with staff and residents
Interviews with specialized staff, random staff and residents
Documentation review at hotel Adam Barnett and Associate

Day 2

Activity / Auditor
Interviews with additional staff and/or residents; documentation review
Facility observations continue
Exit Conference

The facility provided the auditors with the requested meeting space, workspace with adequate outlets and permissible technology (laptop and cell phone).

The auditor requested an updated list of all staff scheduled to work on the days of the on-site review, sorted by shift. The facility operates on eight-hour shift (Three shifts). The auditor was provided the facility with a list of random and specialized staff and random and target residents who would be interviewed.

Site Review/Tour:

On the first day of the audit after the entrance conference, the auditor conducted a comprehensive toured of the facility. It was requested that when the audit paused to speak to a resident or staff, that staff on the tour to please step away so the conversation might remain private. This request was well respected.

When reviewing the video camera system, there were no cameras that have direct viewing of the resident's toilet or showers. During the tour, the auditor observed locations of resident's toilet and showers.

APT Residential Services utilizes a camera system that is gender specific with limited ability to review, alter or destroy the surveillance videos. There are only three (3) individuals who are authorized to review the video when appropriate and must be directed by the management team. The facility employ over

64 cameras in the building that cover common areas, laundry rooms, hallways, fire escapes and the entire exterior of the building. The program also has door alarms on all the enterer and exterior doors so that staff will be aware when a door has opened 24/7. The general population must ring a doorbell before the exterior door is open so that staff can visibly see who is visiting or waiting to enter. Each floor monitor is specific to the floor i.e. women can only see the women's floor and men can only see the men's floor.

The facility is divided into four living units.

- First Floor Women's and Children Program Unit has a total of 18 contracted beds (15 DMHAS and 3 CSSD). Bedrooms: 18 single occupancy with individual bathrooms.

- Second Floor General Women's Program Unit has a total of 46 contracted beds (DOC 15, CSSD 15 and DMHAS-Community 16). Bedrooms: 23 double occupancy rooms to include shared bathroom between two rooms.

- Men's Unit East has a total of 60 contracted beds (DOC 47, CSSD 12 and DMHAS-Community 0). Bedrooms: 6 rooms with 4 beds; 12 rooms with 3 beds to include shared bathroom between two rooms or shared community showers and toilets.

- Men's Unit West has a total of 46 contracted beds (DOC 0; CSSD 21 and DMHAS-Community 25). Bedrooms: 4 rooms with 4 beds and 10 rooms with 3 beds to include shared bathroom between two rooms or shared community showers and toilets.

PREA posters were posted in English and Spanish to include phone numbers. The facility allows residents to have cell phones. The resident's risk screenings start at intake and are completed by intake staff or case managers.

The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility. While inspecting the facility, doors and offices were checked consistently to ensure they are secured and locked. The auditor observed the location of staff. Informal dialogue occurred with residents and staff, asking PREA related questions and agency procedures a safety consideration. Residents that engaged in conversation with the auditor discussed feeling safe at the facility.

The auditor did observed announcements of female staff entering the male living areas and male staff entering the female living areas. The auditor had opportunities to view resident and staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both residents and staff.

The PREA standards require the auditor to tour the facility to verify compliance with the standards. The following areas and locations were visit.

Locations & Observations	Check
Facility physical designed	✓
Cameras and surveillance technology deployment	✓
Resident housing units (Rooms)	✓
Cross-gender announcements when entering living areas	✓
Observe for blind spots	✓
Notices of the PREA Audit Posted in English and Spanish	✓
Phones (Residents allow cell phone) or Desk/wall Phones	✓
Residents files in secured area (electronically)	✓
Staff personnel files in secured area (electronically)	✓
PREA information posted English & Non-English	✓
Bathroom and shower procedures	✓
Cameras does not have a line of sight into resident toilets and showers	✓
New and/or renovated areas observed (none)	✓
Residents program areas	✓
Facility was orderly in appearance (resident behavior)	✓
Grounds was average	✓
Reactions between residents and staff	✓
Intake area	✓
Administration area	✓
Storage rooms & closets	✓
Mail room (none)	✓
Laundry	✓
Dining area	✓
Kitchen	✓
Visitation area	✓
Library (none)	✓
Inside recreation area	✓
Outside recreation area	✓
Grievance Box (DOC)	✓
Medical area	✓
Mental Health area	✓
Classification area (none)	✓
Maintenance area (storage)	✓
Control rooms (AC Office/Desk)	✓
Program staff offices	✓
Sally ports (none)	✓

The following staff accompanied the auditor on the tour and responded to the auditor's questions concerning the facility operations:

- Bob Freeman, Director of Clinical Operations/Agency PREA Coordinator

- Daniel Lead, Facility Director
- Luke Gilleran, Facility PREA Compliance Manager
- Debbie Carter, Auditor Associate

Advocacy Organizations:

The PREA Auditor's manual pages 37 and 38 requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

- Connecticut Alliance to End Sexual Violence (CAESV) is a statewide coalition of individual sexual assault crisis programs. The Alliance works to end sexual violence through victim assistance, community education, and public policy advocacy.

  All direct services through CAESV member centers are free and confidential. Statewide 24/7 toll-free hotline to speak with a certified sexual assault crisis counselor.

  The membership center use by the facility is Women and Families Center New haven.

- Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. We (they) hold government officials accountable for prisoner rape; challenge the attitudes and misperception that all sexual abuse to flourish; and make sure that survivors get the help they need.

- National Sexual Violence Resource Center (NSVR) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting.

Results from Advocacy Organizations

Advocacy Organization	Information Request	Response
Justice Detention International (JDI)	11/26/2019 @ 10:27 AM	11/26/2019 @6:30 PM – A review of their database indicated that no information regarding the facility was received.
National Sexual Violence Resource Center (NSVRC)	11/26/2019 @ 10:22 AM	12/2/2019 @10:36AM – "We do not provide direct services in local areas. That is the Women and Families Center which looks to be both a sexual assault and domestic."

Women and Families Center New Haven	12/9/2019 @10AM	12/11/2019 @ 3:54PM – Email requesting a phone call. Respond on 12/12/2019 @ 7AM given my contact number.

The auditor requests the following information from the local and/or national advocacy organizations:

- How many SAFE or SANE referrals did the organization received in the last 12 months?
- Can the residents remain anonymous, upon request, when making a report?
- Whom do the organization notify at the facility regarding reports?
- How many reports have the organization received in the past 12 months for advocacy services?
- How many residents reported sexual abuse and/or sexual harassment?

PREA Hotline Calls Review Process:

The facility report zero PREA calls for the past 12 months.

Staff Interviewed:

The auditor conducted interviews with the following agency leadership, which are counted in the totals. Below are the staff interviewed, either on-site, by telephone.

- Executive Director (Designee)
- DOC Agency PREA Coordinator (Previously)

The facility reported 82 full-time staff and 0 part-time, no contracted staff. The auditor conducted the following specialized staff interviews on-site or via phone:

Category of Staff Interviewed	**#Interviews Conducted**
Random Staff *Selected from All Shifts*	14
Specialized Staff (Total) / *(Staff Interviewed for more than one category counted only once)*	13
Staff Informally Interviewed during Facility Tour	3
Staff Refused to interview	0
Total Staff	**30**
Breakdown of Specialized Staff Interviews	
✓ Director, Clinical Operations/Agency PREA Coordinator - Executive Director (designee) - DOJ Questions for Agency PREA Coordinator	1
✓ Facility Director - DOJ Questions for Director - Designated staff member charged with monitoring for retaliation	1

✓ Intake Staff	1
✓ Staff who perform screening for risk of victimization and abusiveness	1
✓ Contractor (none)	0
✓ Volunteers (none)	0
✓ Medical staff	1
✓ Mental health staff	1
✓ Non-Medical staff involved in cross-gender strip or visual searches	1
✓ First responders, Direct Care Staff	1
✓ Human Resources - HR Staff	1
✓ SAFE and/or SANE Staff – Outside of Facility	0
✓ Volunteers who have contact with residents (none)	0
✓ Investigation staff – Agency APT	0
✓ Facility Investigator - DOJ Questions for Investigator - DOJ Questions for Incident Review Team Member	1
✓ First responders, non-security staff	1
✓ Housekeeper	1
Total Specialized Staff Interviews	**13**

The auditor informally interviewed three staff members. A review of the 28 formal and informal interviews revealed that staff at APT Residential Services has a basic understanding of PREA and their roles as it relates to PREA responsibilities.

Residents Interviewed:

- Rated Capacity: 170 (CDOC, Court Supportive Services, Walk-Ins, met)
- Rated Capacity for PREA: 98
- Actual Population on First Day: CDOC 53 and Court Supportive Services 45 = 98

On the first day of the audit, the facility designated capacity 170 (CDOC, Court Supportive Services, Walk-Ins). The designated capacity for PREA 98 (CDOC 53 and Court Supportive Services 45). The number of residents housed during the first day of the audit for PREA was 98. The auditor conducted the following resident interviews during the on-site phase of the audit:

Category of Residents	**# of Interviews Conducted**
Random Residents ***(Selected from all living areas)***	18
Targeted Residents	3
Residents Informally Interviewed during Facility Tour	5
Residents Refused to Interview	0
Total Residents Interviewed	**26**

Breakdown of Targeted Resident Interviews	
✓ Youthful Residents	0
✓ Resident with a Physical Disability	0
✓ Residents who are Blind, Deaf, or Hard of Hearing	0
✓ Residents who are LEP (Spanish)	1
✓ Residents with a Cognitive Disability *(also interviewed as Random)*	0
✓ Residents who Identify as Lesbian, Gay, or Bisexual	1
✓ Residents who Identify as Transgender or Intersex	0
✓ Residents in Segregated Housing for High Risk of sexual Victimization	0
✓ Residents who Reported sexual Abuse that occurred at the Facility	0
✓ Residents who Reported Sexual Victimization During Risk Screening (Prior)	1
Total Number of Targeted Residents Interviews	**3**

The auditor informally interviewed 5 residents. A review of the total number of 26 formal and informal interviews revealed that residents at APT Residential Services has a basic understanding of PREA regarding how to report.

Interviewed Residents Length of Time at the Facility:

This information helps to clarify some of the resident's response to interview questions and ensures that establish timeframes are met.

Days or Months	Males	Females	Number of Residents
1 Day - 3 Days (72 Hours)	2	1	3
4 Days - 30 Days (1 Month)	4	0	4
31 Days - 60 Days (2 Months)	4	2	6
61 Days - 90 Days (3 Months)	4	1	5
91 Days - 120 Days (4 Months)	0	0	0
121 Days - 150 Days (5 Months)	0	0	0
151 Days - 180 Days (6 Months)	0	0	0
181 Days - Plus	0	0	0
Total			**18**

Documentation Sampling:

The auditor reviewed ten percent or more of documents.

- Risk assessments that have been completed with residents when they arrive at the facility was randomly chosen.
- Random personnel files/records were reviewed onsite and from the documentation sheets.
- Random and target residents were selected on the first day of the audit.

- Investigation materials were reviewed during the pre-audit and on-site phase.
- Etc.…

Investigation

It should be noted that any SA/SH Grievances are not reviewed by grievance process, if received automatically sent for an investigation.

PREA investigations are completed internal and external. Internally, the agency/facility has three (3) PREA investigators that completed the required specialized training. The also use the local police department to conduct external PREA investigators. The agency/facility provided the auditor with an email communicating with the local police department regarding PREA investigations, as of December 9, 2019 there has been no response.

Investigation Results:

Allegation	Number	Finding
Sexual Abuse ***Staff on Offender***	0	0
	0	0
	0	0
Sexual Abuse **Offender on Offender**	0	0
	0	0
	0	0
Sexual Harassment ***Staff on Offender***	0	0
	0	0
	0	0
Sexual Harassment ***Offender on Offender***	0	0
	1	Unsubstantiated
	1	Unfounded
Total		
Referral from Criminal Investigations **Staff on Offender**	0	0

Reporting Source:

Source of Report	Number Reported
Hotline	0
Resident Cell Phones	0
Grievances	0
Resident Reported to Staff	1
Anonymous, 3rd party	1
Other Agencies or Facilities	0

Reported by Staff	0
Total	2

Incident Reporting:

APT Foundation maintains a comprehensive incident reporting system that is monitored on an ongoing basis for immediate corrective action as well as trended on an annual basis for the purpose of quality improvement to minimize risk and staff training needs. Trending is based on established event categories and tracked from year-to-year. The agency incident reporting policy specifically identifies situations that require filing an incident report, which is generally any event that occurs outside of operating policy and procedure or an outcome that is not expected or anticipated. Any report or actual event that is PREA related would fall directly into the incident reporting category. During the past 12 months, a total of 21 incident reports were completed; tow of which were following reports of a potentially PREA qualifying event.

According to the Agency PREA Coordinator, trending data is presented to the Senior Management Team as well as to the Board of Director at least once per year.

Informational Consolidation:

The audit contacts the Agency PREA Coordinator frequently throughout the two days to consolidate information and ensure that the interviews, documentations, and facility observations supported compliance determination for the required PREA standard. The work onsite and offsite at the hotel to discuss findings. When additional information was requested to established compliance, the facility management team was responsive and made every effort to deliver documentation or explanation. The facility staff was receptive to identified areas of concern during the facility site inspection along with noted concerns.

Exit Conference:

The auditor conducted an exit meeting on 12/10/2019 at which preliminary findings of the review were discussed with the facility and agency leadership team. The facility staff and the agency PREA Coordinator participated in the exit briefing. During the exit, the auditor provided a verbal list of identified non-compliant items and described how these related to the standards and or provisions. For resolution of issues following the exit, the auditor indicated that outstanding issues should be provided with proof of compliance and practice.

The following staff attended the exit conference.

- Bob Freeman, Director of Clinical Operations/Agency PREA Coordinator
- Daniel Lead, Facility Director
- Alissa Williams, Clinical Supervisor

- Luke Gilleran, Facility PREA Compliance Manager
- Debbie Carter, Auditor Associate
- Adam Barnett, DOJ Certified PREA Auditor

Facility officials were very open and receptive to an honest discussion of areas where PREA compliance needed to be strengthened or non-compliance. The auditor indicated that a written report will be sent with 45 days with standards or provisions details.

Post Audit Phase

Upon return from the onsite phase of the audit, the auditor and the agency PREA Coordinator agreed to communication by email and telephone during the post audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. Further, the agency PREA Coordinator indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies.

Communication with the agency PREA Coordinator and designated facility staff was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone.

Audit Section of the Compliance Tool:

The auditor uses the required Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities to enter collected information. Detailed information from the audit interviews were integrated into relevant sections of the standards. In order to ensure all standards were analyzed, the auditor proceeded standard by standard, determine compliance or non-compliance.

Interim Report:

The auditor found the facility to be a progressive and successful in its mission to promote PREA. The leadership and staff are very committed to the safety and well-being of their residents. There was no interim report submitted.

Final Audit Report:

The final 2019 PREA Audit report was email to the Facility and Agency PREA Coordinator on January 3, 2020.

Facility Characteristics

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

Facility Demographics:

- Rated Capacity: 170 (CDOC, Court Supportive Services, Walk-Ins)
- Rated Capacity for PREA: 98
- Actual Population on First Day: CDOC 53 and Court Supportive Services 45 = 98
- Average Daily Population for the last 12 months: 45 Days
- Security/Custody Level: Low/Minimum
- Gender: Male and Female
- Number of Positions: 82

CDOC Contracted Programs Overview:

In the early 1970's, the Connecticut Department of Correction (CDOC) was one of the first in the nation to establish contracts with private nonprofit agencies to provide residential and nonresidential supervision and treatment/services for offenders. Since that time, the CDOC has significantly expanded residential capacity.

The current CDOC Community Service Network defines specific types of residential and nonresidential programming in the community. Residential programs are available to male and female offenders releasing to the community under CDOC supervision. These programs provide offenders with opportunities to begin re-integration in a structured residential setting. Most often, offenders are assisted with obtaining employment and have the opportunity to develop a saving plan prior to living independently. CDOC's residential programming includes Work Release, Substance Abuse, Mental Health, Women and Children, Sex Offender Treatment, Scattered-Site Supportive Housing and Temporary Supportive Housing programs.

Under current contract are 14 nonprofit community agencies providing 31 residential programs with a total of 1,176 residential beds. These agencies work in collaboration with CDOC staff to ensure that offenders are provided with every opportunity to become successful and productive members of their communities.

Facility Overview:

The APT Foundation was founded in 1970 by a group of concerned citizens with New Haven's growing substance abuse issues.

The APT Foundation provides comprehensive services including: Substance Abuse Treatment; Treatment for Mental Health Disorders; Primary Care Services; and Vocational Services.

The APT Foundation takes great pride in caring for persons that other agencies will often not accept into treatment due to co-morbidities and a persons' ability to pay. All persons are accepted into care that meet clinical eligibility for the level of care.

The APT Foundation maintains a Central Core housed in New Haven that houses evaluation; psychiatry; primary care and administrative business functions, like Office of the CEO; Human Resources, IT, etc. The clinical programming at the Core is known as the Access Center/Ambulatory Services Center and is located at 1 Long Wharf Drive.

The APT Foundation operates three additional locations providing substance abuse treatment In New Haven; West Haven; and North Haven. Clients are assigned to those programs based on their residence in order to reduce transportation times to the clinics. Each of these locations provide Methadone Maintenance Services with Primary Care; Psychiatry; and Vocational workers rotating through the facility to supplement substance abuse treatment services. Traditional outpatient and intensive outpatient are available at each location. Treatment with suboxone is available at the 1 Long Wharf Drive location.

The APT Foundation operates a 170-bed residential facility located at 54 East Ramsdell Street, New Haven. The facility is ASAM (American Society of Addiction Medicine (Level 111.5) clinically managed intermediate/long-term facility. The agency contracts with the State of Connecticut Department of Corrections (DOC) and the State of Connecticut Court Support Services Division (CSSD). Community-based beds are also available for self-referrals and referrals from APT Foundation Outpatient programs and referrals from other Community-based referrals.

The APT Foundation is one of the only Residential facilities to embed a fully accredited Opioid Treatment Program for individuals with opioid dependence. This permits methadone to be received at the facility without transport to outside clinics for Methadone Maintenance services. Also unique to the Residential program is employment of independently licensed social workers and professional counselors. These individuals guide the clinical services of residents in the facility. Finally, the APT Foundation employs Nursing staff to observe self-administration of medications. The facility by regulation could use general staff observation.

The APT Foundation's Residential program was formerly located at 425 Grant Street in Bridgeport. The facility was at that location for approximately 17 years. The facility was a four-story converted nursing home. This location was leased and was not the most efficient building for resident observation and clinical programming. The APT Foundation relocated the facility from Bridgeport to a new location at 54 East Ramsdell Street, New Haven. This location was purchased by the APT Foundation and was a considerable improvement to the former location. Prior to moving into the facility, considerable resources were put into renovation of the facility.

The APT Foundation works on an open-access model, meaning we do not make appointments for services. All admissions to the agency are completed on a walk-in basis with services generally offered the same day as their evaluation.

Client choice at all locations is a vital component of APT Foundation service delivery system. In outpatient programming, clients may self-select the groups they wish to attend, regardless of whether the person providing the group is their "primary" counselor or not. Each clinic publishes a group schedule for the month that is posted on the APT Foundation website. It has been our experience that people attend more counseling when they have choice.

Overdose prevention is another vital component the APT Foundation has addressed as a leader within the State of Connecticut in the middle of the opioid overdose epidemic. The APT Foundation has been distributing naloxone overdose kits since 2010. All staff and any interested client, resident, or family member can receive an overdose prevention education and naloxone kit at no charge to the person.

Area Served:

Statewide – All Parole Districts

Eligibility:

Services are available to male and female offenders, ages 18 and over, who have a substance abuse disorder and have been referred by the Connecticut Department of Correction.

Exclusions:

There are no exclusions beyond eligibility criteria.

Length of Program:

The average length of stay is based on individual need.

Description of Services Offered:

APT Residential Services Division (RSD) is a Department of Public Health Licensed intermediate/long term residential substance abuse treatment facility that meets the American Society for Addiction Medicine criteria for level 111.5 clinically managed residential care. Treatment is clinically, not medically, managed 24 hours per day, 7 days per week. Each client's treatment program is tailored to the individual client's treatment goals.

Connecticut Department of Correction Mission:

"The Department of Correction shall protect the public, protect staff, and provide safe, secure, and humane supervision of offenders with opportunities that support successful community reintegration."

APT Mission Statement:

"Founded in 1970, the APT Foundation's mission is to promote the health and recovery for those who live with substance use disorders and /or mental illness."

Accreditation:

- CARF International – Consumers face a variety of options when deciding what services to use and who should provide them. Accreditation is a sign of quality and is an important consideration in their decision making. They look for CARF accreditation in their choice of treatment for addiction and substance abuse, rehabilitation of a disability, home and community services, retirement living, and other health and human services.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Prevention Planning

115.211- Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
115.212 – Contracting with other entities for the confinement of residents
115.213 – Supervision and monitoring
115.215 – Limits to cross gender viewing and searches
115.216 – Residents with disabilities and residents who are limited English proficient
115.217 – Hiring and promotion decisions
115.218 - Upgrades to facilities and technologies

Responsive Planning

115.221 – Evidence protocol and forensic medical examinations
115.222 – Policies to ensure referrals of allegations for investigations

Training and Education

115.231 – Employee training
115.232 – Volunteer and contractor training
115.233 – Resident education
115.234 – Specialized training: Investigations
115.235 – Specialized training: Medical and mental health care

Screening for Risk of Sexual Victimization and Abusiveness

115.241 – Screening for risk of victimization and abusiveness
115.242 – Use of screening information

Reporting

115.251 – Resident Reporting
115.252 – Exhaustion of administrative remedies
115.253 – Resident access to outside confidential support services
115.254 – Third-party reporting

Official Response Following a Resident Report

115.261 – Staff and agency reporting duties
115.262 - Agency protection duties
115.263 – Reporting to other confinement facilities
115.264 – Staff first responder duties
115.265 – Coordinated response
115.266 – Preservation of ability to protect resident from contact with abusers
115.267 – Agency protection against retaliation

Investigations

115.271 – Criminal and administrative agency investigations
115.272 – Evidentiary standard for administrative investigations
115.273 – Reporting to resident

Discipline

115.276 Disciplinary sanctions for staff
115.277 Corrective action for contractors and volunteers
115.278 Disciplinary sanctions for residents

Medical and Mental Care

115.282 – Access to emergency medical and mental health services
115.283 – Ongoing medical and mental health care for sexual abuse victims and abusers

Data Collection and Review

115.286 – Sexual abuse incident reviews
115.287 – Data collection
115.288 – Data review for corrective action
115.289 – Data storage, publication, and destruction

Audits and Corrective Action

115.401 Frequency and Scope of Audits
115.403 Audit content and findings

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

Summary of Corrective Actions:

On 12/10/ 2019, the auditor conducted an exit conference with the agency and facility officials.

Facility officials were very open and receptive to an honest discussion of areas that where PREA compliant and areas that were non-compliant. The auditor thanked the Director Reentry Programs and the staff for the hospitality provided to the auditors and mentioned staff that was exceptionally helpful.

The narrative below includes a discussion of the evidence relied upon in making the non-compliance determination. The discussion includes corrective action as well as information on specific corrective actions or the response taken by the facility and the auditor's conclusions.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 plus provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the Department of Justice Final Rule for PREA Standards published in May 17, 2012. Forty-0ne Community Confinement Standards were audited.

The PREA Coordinator was knowledgeable about the PREA requirements and the implementation of processes and systems.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. If the facility does not correct stated concerns within 45 days before the Auditor releases the interim report this will start the corrective action process. If the facility corrects the stated concerns within the 45 days and the Auditor agrees, then the final report will be released.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Agency Organization Structure
- Facility Organization Structure
- Agency Mission and Vision Statement
- CTDOC Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- CTDOC State of Connecticut Department of Correction Division of Parole and Community Services
- CTDOC Agency Organizational Structure
- CTDOC Residential Provider Manual
    - Progressive Discipline/Incremental Sanctions
    - Grievances/Administrative Remedies
    - Visiting
    - Victim Notification
    - Inmate Correspondence
    - Safety & Security Searches
    - Possession of Cellular Phones
    - Prison Rape Elimination Act (page 17)
- CTDOC Administrative Directive: 1.9 – Audits
- CTDOC Administrative Directive: 1.10 – Investigations
- CTDOC Administrative Directive: 9.2 – Inmate Classification
- CTDOC Administrative Directive: 9.5 – Code of Penal Discipline
- CTDOC Administrative Directive: 11 – Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
    - Agency PREA Coordinator
    - Facility Director

A. The agency/facility published the above agency policies. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outlined the company's approach to prevent, detect, and response to sexual abuse and sexual harassment. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

B. Agency policy designates an upper level PREA Coordinator for the agency that has sufficient time and authority to develop, implement and oversee facility efforts to comply with the PREA Standards in its facilities.

Interview Results:

- The following is responses to the PREA Coordinator interview questions 1, 2, and 3:

  - 1 - PREA Coordinator indicated that yes, he has enough time to manage all of the PREA related responsibilities. He is also the Compliance Officer, in his role, he is expected to be the expert in any regulatory compliance matters. Regardless of what he might have on his schedule, PREA or any other regulatory matter would take precedence. He keeps PREA active on his task list to ensure he regularly checking with the facility and participating in any PREA activity, including investigation that might occur.

  - 2 - Discuss how you coordinate your agency's efforts to comply with PREA standards. PREA Coordinator indicated that PREA never comes off his task list. He regularly participates in the facility's leadership meetings that permits a regular check-in of PREA matters. Likewise, he acts as a liaison to the facility whenever a question might present regarding PREA. He also a member of the LGBYQ community and is knowledgeable regarding transgender and intersex matters and he is pleased to assist the facility with any decision regarding the subject.

  - 3 - If you identify an issue with complying with a PREA standard, what actions or processes do you undertake to work toward compliance with that standard. PREA Coordinator indicated that he would work with the facility leadership to determine any corrective actions that might remedy complying with the standard. That might include revising policy, staff reeducation, or technology enhancements.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (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.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction and APT Foundation, Inc. Contract Executed
- State of Connecticut Department of Mental Health and Addiction Services Contract
- APT Summary of Programs
- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

- State of Connecticut Department of Correction Division of Parole and Community Services
- CDOC Administrative Directive Number 11.4, Parole and Community Services
- CDOC Administrative Directive Number 3.13, Contracts Administration
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - APT Agency PREA Coordinator
  - DOC Agency PREA Coordinator (Previously)
  - Facility Director
  - DOC Community Prole Officer

A. The facility does not contract with other entities for the confinement of residents.

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

- In the past 12 months, the number of contracts for the confinement of residents that the facility entered into or renewed with private entities or other government agencies since the last PREA audit reported was zero.

B. The facility does not contract with other entities for the confinement of residents. However, CDOC Directive Number 3.13 Contracts Administration section 4.L, requires "Any contract entered into the Department with a private entity that provides for the housing of residents in the community must include a requirement that the private entity adopt and comply with PREA standards and shall provide for monitoring by the Department to ensure the private entity's compliance with PREA standards.

C. If the facility has and emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, the agency staff will do everything to comply and document if the attempts are unsuccessful. CDOC Directive Number 3.13 Contracts Administration section 4.L, requires "Only in emergency circumstances in which all reasonable attempts to find a private entity in compliance with PREA standards have failed may the Department contract with private entity that fails to comply with PREA standards. In such a case, the unsuccessful attempts to find a private entity in compliance with PREA standards must be documented".

Interview Results`

- According to interviewed Director, as a part of the Parole Officers case management functions include visiting the residential facility to monitor the residents and to ensure

the safety and security of their assign case load. The staff indicated that if there were PREA issues they would report to management.

- Interviews with the Facility Director indicated that the facility does not and has not contracted with any other entity for the confinement of residents.

- The DOC Agency Coordinator and policy confirmed that DOC ensure that all contract facility meet the PREA requirements.
-

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- 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 ☐ No 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.213 (c)

- 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 ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- APT Foundation, Inc. PREA Policies
- APT Foundation Residential Services Facility Bed Count
- Resident Roster for DOCI
- Resident Roster for Count Supportive Services
- Resident Roster for Community Clients
- Resident Roster for Department of Mental Health & Addiction Services
- Shift Schedules
- APT Residential Services Staff Plans (Staff/Resident Ratios)
  - 1st Shift 1:15
  - 2nd Shift 1:17
  - 3rd Shift 1:20
- Facility Tour/Observations
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- Staff Directory
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Annual Community Program Staff Schedule
- Interviews:
  - Agency PREA Coordinator
  - Facility Director
  - Higher Level Facility Staff

A. The agency/facility develops documents, makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring if applicable to protect residents against abuse. An interview with staff indicated that the agency/facility takes into consideration the 4 requirements in standard 115.13 (a) – 1-4:

- The physical layout of the facility;
- The composition of the resident population;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

B. Interviewed staff revealed each time the staffing plan was not complied with; the facility would document and justify all deviations from the staffing plan. However, because of contractual agreement the facility has not deviated for the contract.

C. Interviewed staff revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in:

- The staffing plan/schedule;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies (if applicable);
- The resources the agency/facility has available to commit to ensure adequate staffing levels.

Staff interview confirmed the process for conducting annual reviews. There were no major deviations from the staffing schedule, and there is no need for adjustments to the staffing schedule required by contract.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff:

- Since the last PREA audit the average daily number of residents reported was 160.

- Since the last PREA audit the average daily number of residents on which the staffing plan was predicated reported was 170.

D. Staffing Matrix: Each CTDOC program shall be required to submit a staffing matrix on a form promulgated by CTDOC, to delineate daily staffing plans for each shift. Such report shall be submitted to the Contracts Administration Unit, via e-mail (doc.caureports@ct.gov), on an annual basis, not more than seven (7) business days after the beginning of each state fiscal year.

E. Accountability Checks: CTDOC requires all employment or community accountability checks shall be documented in a program logbook, segregated by offender and shall include offender name and number, offender authorized location, date and time of check, staff performing check, and result of check.

F. According to staff and policy 6.12 Title: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention,

Interview Results

- The following is responses to the PREA Coordinator interview questions 4 and 5:

    - 4 – When assessing adequate staffing levels and the need for video monitoring, please explain I and how the facility staffing plan considers: The physical layout of the facility; the composition of the resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors.

      The PREA Coordinator indicated yes, the facility staffing plan would address all the above items. The agency is fortunate to have relocated to a building that is much more conducive to staff observation of resident movement. This relocation occurred during the last PREA audit. Further, the APT Foundation recognizes that acuity of need among the residents and provide a professional level of mental health and physical health staff that is not otherwise required for the level of care. This level of professionalism surely benefits the residents in meeting their treatment needs, while hopefully reducing potential sexual harassment or sexual abuse incidents. Finally, the agency is fortunate that the agency ha relatively few events, however, any occurrence would be considered as part of the staffing plan as well as ongoing needs.

- 5 – If the staffing plan for this facility is reviewed at least once every year, are you consulted regarding any necessary adjustment?

  The PREA Coordinator indicated yes, he fully participates in the planning process, which typically occurs during the annual development of the facility budget. This is the best time to consider staffing patterns and potential technology needs. However, any needs identified throughout the year would not wait until the next annual staffing plan to address. He is free to make recommendations to the Agency head at any time.

- Interview with the Facility Director indicated that they are consulted regarding any assessment of or adjustments to, the staffing plan, which is based on agreed contract with DOC.

- Interview with the Facility Director indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring, they consider all of the components listed in the standard.

- Interview with the Agency PREA Coordinator indicated that several times a month the management team will show up on site without the staff's knowledge. The unannounced visits can take place on the weekends, evening shift or overnight shift. The women's floor supervisor has a schedule that entails her to be onsite until 9 pm Tuesdays, Thursdays and Sundays. The purpose of the visit is designed to ensure that the staff are following all the polices put in place by APT Foundation including PREA.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No

115.215 (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 residents.)
  ☐ Yes ☐ No ☒ 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 residents.) ☐ Yes ☐ No ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes ☐ No ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- 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 ☐ No

115.215 (e)

- 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 ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- 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 ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Random Officers
  - Non-Medical Staff Cross Gender Searches
  - Random Residents

A. The facility staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) when performed by medical practitioners. The facility does not employ medical practitioners, in this case the resident will be send to the local hospital.

B. The facility rated capacity does exceed 50 residents. The facility house male and females' residents and will not permit cross-gender pat-down searches of female residents, absent exigent circumstances.

C. The agency/facility' policy prohibits staff from conducting strip searches or cross-gender visual body cavity searches. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

D. Agency/facility to implement policies and procedures that enable residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing in incidental to routine room/cell or bed checks.

Observations of restrooms and shower during the tour confirmed residents have privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the doorway of the bathrooms and the shower areas to block cross gender viewing. Residents reported they are never naked in full view of staff.

Agency/facility policy requires 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.

E. During the on-site audit visit there were no transgender or intersex residents housed. If the facility were to receive a transgender or intersex resident, the agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility determines 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.

F. The agency/facility does not train staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. Policy prohibit cross-gender searches.

The PREA coordinator and Facility Director confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

G. According to CTDOC Offender/Person Searches: Each program will maintain standardized procedures for the pat searching of all offenders. *At a minimum, such searches will be performed on all offenders upon return from community access and return from smoking breaks, if unsupervised.

Pat searches shall include an inspection of the offender's clothing and any item in the offender's possession. Reasonable accommodations shall be made to provide for same gender pat searches. When such accommodation cannot be made and a pat search is deemed essential without delay, then a cross gender pat search may be conducted. All cross-gender pat searches shall be documented on a program Incident Report.

Note: Provider programs are strictly prohibited from performing strip searches of any offender, for any reason.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.

- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.

- The number of pat-down searches of female residents that were conducted by male staff reported was zero.

- The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances reported was zero.

- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

Interview Results:

- Fourteen (14) security staff, representing staff from three shifts was interviewed. Ninety percent (905%) of staff interviewed indicated that cross-gender pat searches, were not permissible. Ninety percent (90%) of the interviewed staff stated that they were trained on conducting cross-gender pat searches, however, five (5) of the staff interviewed could not recall receiving specialized training on searches of transgender and intersex clients in a professional and respectful manner.

- Eighteen (18) clients were interviewed. One hundred percent (100%) of the clients reported that the presence of staff is announced when they are entering the housing unit of the opposite gender. All the clients reported that no one can see them when they are showering, using the toilet, or changing clothes.

- One- hundred percent (100%) of the staff reported that clients can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

- The Agency PREA Coordinator explain the following process regarding Cross Gender, Transgender, Intersex pat-down and searches.

    - Patent Care Associates (PCA) referred to as “direct care staff” are fully trained in non-invasive pat-downs following established protocol by the State of Connecticut Court Support Services Division.

    - The key elements of the no-invasive pat-down is hands facing outward with sliding of the back of the hand. The is no cupping or touching of beasts or genitals in the pat-down process.

    - There is no cross-gender pat-downs at the facility.

    - Transgender and intersex persons would have the same non-invasive, pat-down by an appropriately gendered staff person of the unit where they reside and receive treatment services.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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: Are blind or have low vision? ☒ Yes ☐ No

115.216 (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 ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Policy Statement: Residents with Disabilities and Residents Who Are Limited English Proficient
- Parole and Community Services 2018 Residential Audit 8/23/18
- Policy: Prison Rape Elimination Act (PREA) Synopsis
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire /Community Confinement Facilities
- Interviews:
  - Agency Head - Designee
  - PREA Coordinator
  - Random Staff
  - Random Residents
  - Limited English Proficient Resident

A. The facility has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures 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.

B. The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

C. The facility does not rely 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 or the investigation of the Resident's allegations.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations reported was zero.

Interview Results:

- The Agency Head designee indicated that the APT Foundation ensures all materials, including handbooks are written in both English and Spanish. Many of the residents do not have proficient reading skills, so we work closely with these patients to ensure then fully understand program expectations, including PREA. Persons with unstable medica or psychiatric conditions are not appropriate for this level of care; but may be referred back once stable. Likewise, considering the group intensive programing (24 hours/week), blind or deaf individuals might also be excluded form services at this facility. These individuals would be best managed in a smaller facility. Our referral sources understand the nature of the program and will typically refer these individuals to another community-based provider.

- One hundred percent (100%) of the interviewed security staff reported that resident interpreters are not permitted. However, some members of the staff are use to interpret if needed.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (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 ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- 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 ☐ No

115.217 (f)

- 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 ☐ No

- 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 ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- 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 ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Policy Statement: Hiring and Promotion Decisions
- APT Foundation, Inc. PREA Policies
- Staff Roster
- PREA: Community Employee Flies/Records
  - Hire Date
  - Initial Background Check
    i. Nationwide Criminal Data Base
    ii. Nationwide Sex Offender Registry
    iii. Driver Record Report
    iv. Court Search Record
  - Five Year Background Check
  - PREA Acknowledgement
  - Training Records/Rosters
- APT Candidates for Employment Questionnaire (Three Required Questions)
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- Staff Directory
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Human Resource Staff

A. The agency requires the facility not to hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents as listed in this standard to include the following provisions:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.

- 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; or

- Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

B. Policy requires that before hiring new employees who may have contact with residents, the facility will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

C. Policy requires that before hiring new employees who may have contact with residents, the agency/facility:

- Perform a criminal background records check;

- Consistent with Federal, State, and local law, makes 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.

- Department of Correction policy requires that applicant are ask in written application or interview directly about whether they have been found to have engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.

D. Agency/facility completes criminal background records check before enlisting the services of contractors who may have contact with residents.

E. The agency also conducts criminal background records checks every five years of current employees and contractors who have contact with residents according to staff interviews.

F. The agency/facility asks applicants and employees who may have contact with residents directly about previous misconduct described in other provisions.

G. According to staff, the agency/facility prohibits staff from material omissions and the provision of materially false information.

H. According to staff interviews, the agency/facility would provide requested information on sexual abuse if law prohibits it.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks was 14.

- In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks was zero.

- In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents was zero.

Interview Results

- The following is responses to the Administrative (Human Resources) staff interview questions:

    - Q1 and 2 – Does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotions? Do you do this for any contractor who may have contact with residents as well?

      According to HR Director in July, 2017 all employees of the Foundation were required to submit to a Background Report as provided by the foundation vendor, Research Services, Inc. Background information is maintained by Research Services and can be accessed by the Chief Human Resources Officer at any time. All background reviews include a comprehensive search of the nationwide criminal data base and the nationwide sex offender registry.

Also, the interviewed staff indicated that the facility consider prior incidents of sexual harassment when determining whether to hire or promote. As part of the conditional offer of employment for employees of RSD, they compete a questionnaire and the signed forms are maintained by HR as part of the permanent employee record. Staff stated that PREA policy is renewed each year as part of the Annual Performance Evaluation. It is done utilizing the on-line HR platform.

- Q3 – What system does the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with residents?

  The HR staff indicated that all existing staff are required to sign the PREA agreement yearly, with their annual review. This is done electronically, in agency system, DATIS/e-3. All existing employees signed the PREA agreement in August of this year (2019) Their ability to use the e-3 system would be suspended until the review of the PREA agreement was completed. Ne staff coming into the agency, all sign the PREA agreement as part of their onboarding process.

- Interview with Agency Human Resource Staff confirmed a hiring process that is comprehensive and thorough. Agency performs criminal record background checks on all newly hired employees and contractor during the clearance process.

- Interview with staff member indicated that criminal record background checks are preforms on all newly hired employees and contractor during the clearance process. This is done regardless of whether they may have contact with offenders.

- Interview with Agency Human Resource Staff indicated that when a former employee applies for work at another facility, upon request from that facility that they would provide requested information as long as it does not violate policies or laws.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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.)
☐ Yes ☐ No ☒ NA

115.218 (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 agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Facility Tour/Observations
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Facility Director
  - Facility PREA Compliance Manager

A. The facility management indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect Residents from sexual abuse.

B. The facility management indicated if, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect residents from sexual abuse.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the agency/facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since the last PREA audit.

Interview Results:

- The Agency Head designee indicated that the APT Foundation made a considerable investment in the 2017 purchase and relocation of the Residential facility. Resident safety and compliance with both PREA standards as well as other regulatory requirements were a major driving factor in relocating from the former Bridgeport location to the current location.

- The Agency Head designee indicated that with the relocation of the facility, a substantial investment of monitoring technology was incorporated. Again, this was not only to meet PREA standards, but to also protect residents and staff from other behaviors or events that are not therapeutic to the residents.

- Interviews with the Facility Director and the Agency PREA Coordinator indicated that there was no major expansion during the past three years. If there was a major expansion, that the Facility Director and the Agency PREA Coordinator would be involved in any planning process.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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 ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- 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 ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- 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 ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- 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 ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- CARF International
- Women and Families Center
- Connecticut Alliance To End Sexual Violence
- National Sexual Violence Resource Center (NSVRC)
- Just Detention International (JDI)
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- CDOC Directive Number 1.10 Investigations
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Facility Director
  - Random Officers

A. Interview staff indicated that the agency/facility does not conducts criminal sexual abuse investigations. The State Police Department serves as primary investigating authority for all incidents of sexual abuse and harassment, however, the agency PREA coordinator is the internal PREA investigator for administrative investigations.

The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining unable physical evidence for administrative proceedings and criminal prosecutions.

According to CDOC Directive Number 1.10 Investigations Section 1 states "The Department of Correction shall review and investigate significant incidents and/or allegations of wrongful acts as appropriate".

According to CDOC Directive Number 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section16, "Investigation of Sexual Abuse/Sexual Harassment. The Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. When inmates are being housed within the community confinement centers with which the Department contracts, the appropriate law enforcement agency shall be the investigating authority. All such referrals to police shall be documented. The Department's PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10. In the event the appropriate law enforcement agency refuses to investigate a sexual abuse allegation, such refusal shall be documented on an Incident Report Form CN 6601 and the Unit Administrator immediately notified.

Preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue if more probably true than not. Documentation also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

Interviews with the investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

B. The agency/facility resident use the local hospital or state rape centers for services with an understanding that they meet the protocol 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. The facility does not house Youth/Adolescent victims of sexual assault.

C. The facility offers all victims of sexual abuse access to forensic medical examinations outside the facility at the local hospital without financial cost. The local hospital provides access to Sexual Assault Forensic Examiners (SAFEs), Sexual Assault Nurse Examiners (SANE) or examination performed by qualified medical practitioners at the hospital.

D. The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member

from a community-based organization, or a qualified facility staff member. The facility provided documentation that showed attempts with CONNSACS efforts to secure services.

E. The victim advocate, if used, will meet the requirements of qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

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

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of forensic medical exams conducted during the past 12 months reported was zero.
- The number of exams performed by SANEs/SAFE during the past 12 months reported was zero.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

Interview Results:

- The following is responses to the PREA Coordinator interview questions 17, 18, and 19:
    - Q17 – If requested by the victim, does a victim advocate, qualified agency staff member, or qualified community-based organization staff accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews?

      The Agency PREA Coordinator indicated yes, the agency MOU with the Women and Families Center not only provides a means for a resident to report externally, it also agrees to provide all supportive services to include medical examination and investigatory interview.
    - Q18 – In what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center?

The Agency PREA Coordinator indicated if a resident is sexually assaulted onsite, part of the Coordinated Response protocol includes notifying the Woman and Families Center. Depending on timing, a representative from the Women and Families Center would report to the facility during the police investigation or directly to the hospital for the forensic examinations. For any person who reports a prior history of sexual assault or sexual harassment, a referral to the Women and Family Center could be made at any time.

- Q19 – If a rape crisis center provides victim advocate services, how do you ensure that it meets the qualifications described in standard 115.221?

  The Agency PREA Coordinator indicated that the MOU for the Women and Families Center is specific to PREA and qualifications described in the standard are part of the MOU.

- Interviewed staff, including the Facility Director, was familiar with the evidence protocol and roles they would play as first responders. The staff stated they would "make sure the resident victim was stable", preserve the evidence and if, the mental health is on site, the mental health staff would conduct an assessment.

- Interview with the Investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes standard provision (g) 1 and 2. Policy requires the facility to request that outside investigative authorities conduct the investigation in accordance with PREA investigation standards.

- For victims of sexual assault, interviewed staff indicated that the facility will offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANE/SAFE are provided by the local hospital.

- Ninety-nine percent (99%) of the interviewed security staff was knowledgeable of the staff responsible for internal investigations. All but one member of the interviewed staff could not effectively articulate who is the agency investigator.

- Eighteen (18) clients interviewed stated they have never been sexually abused while at the facility. One (1) client state that he reported to school officials as a child of mental and physical abuse by his babysitter, mother's friend, and stepfather. Client also stated that DCF was notified of the allege abuse.

- Eighteen (18) clients interviewed stated that they are aware of the process of contracting reporting outside of the facility.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice 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 ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- 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 ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency Head Designee
  - Agency PREA Coordinator
  - Random Officers
  - Investigator

A. According to interviews with the agency PREA coordinator, Facility Director, and the Investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on resident-on-resident or staff-on-resident misconduct.

The initial investigation begins immediately. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In accordance staff the Local Police Department will be notified immediately and assume control of the investigation when appropriate.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence.

An additional interview with facility staff confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report everything for investigations, including reporting, knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

B. The agency has in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Per policy substantiated allegations of conduct that appears to be criminal are referred for prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

C. According to the agency/facility outside law enforcement is responsible for conducting administrative and criminal investigations, the policy/publication describes the responsibilities of both the agency and the investigating entity. The Agency publishes the policy on its website.

D. According to staff interview, there is no Department of Justice component responsible for conducting administrative or criminal investigations.

E. CTDOC requirements for handling of alleged incidents:

- If a sexual assault occurs at the program, all efforts will be made to preserve the scene for investigation and emergency medical procedures and notification shall be instituted immediately, in accordance with the Notification Policies of this manual.

- If the alleged assailant is present in the program, the offenders shall be immediately separated. If the alleged assailant is a program staff member, the staff member shall be immediately placed on no offender contact until cleared for return to duty by CTDOC.

- The supervising Parole Officer will be immediately notified of the alleged incident, in accordance with the Notification Procedure contained in this manual.

- Program staff will formally document the incident and will cooperate fully with CTDOC direction for handling the incident, to include involvement of CTDOC PREA Unit staff, CTDOC investigatory staff and/or Connecticut State Police involvement if required by CTDOC.

- Any offender reporting an alleged sexual assault will be offered victim services/crisis counseling.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of allegations of sexual abuse and sexual harassment receive during the past 12 months was two.

- The number of allegations resulting in an administrative investigation during the past 12 months was two.

- The number of allegations referred for criminal investigation during the past months was zero.

Interview Results:

- The Agency Head designee indicated that the APT Foundation maintains a Corporate Compliance Officer, who is also the PREA Coordinator. It is the Compliance Officer/PREA Coordinator role to ensure an investigation occurs with each report of allegation of Sexual Abuse or Sexual Harassment. The Compliance Officer/PREA Coordinator reports all findings to the President/CEO. He acts as a resource to the leadership of APT Residential Services to ensure the facility is compliant with PREA standards.

- The Agency Head designee indicated for any alleged or actual case of sexual abuse or sexual harassment; the clinical leadership is immediate contact with the PREA Coordinator for instructions on how to manage the allegation. For a active sexual assault, particularly where evidence might be present. Staff is instructed to first follow the Coordinated Response plan, which includes contacting the NHPD and the Women and Families Center. Supervisory notification should occur as soon as the immediate situation is under control. For all reported allegations and actual events, the APT Foundation will conduct an internal investigation, even if the investigative responsibility has been turned over to the New Haven Police Department. The agency will fully cooperate with any investigation conducted by the New Haven Police Department.

- Additional interviews with staff confirmed the process for when receiving an alleged allegation of sexual abuse and sexual harassment. Interviewed staff stated, they have been trained to report or refer everything regarding sexual abuse and sexual harassment to be investigated, including having knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- 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 ☐ No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- 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 ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- 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 ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☐ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- APT Staff Refresher Training Rosters
- APT Staff PREA Education Training Power Point
- PREA: Community Employee Flies/Records
  - Hire Date
  - Initial Background Check

    i. Nationwide Criminal Data Base
    ii. Nationwide Sex Offender Registry
    iii. Driver Record Report
    iv. Court Search Record
  - Five Year Background Check
  - PREA Acknowledgement
  - Training Records/Rosters
- State of Connecticut Department of Correction Administrative Directive: 6.12 –
- Parole and Community Services 2018 Residential Audit 8/23/18
- Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Policy Statement: Employee, Volunteer and Contractor Training
- Staff Directory
- Interviews:
  - Agency PREA Coordinator
  - Facility PREA Coordinator
  - Random Officers
  - Staff

A. The facility has trained staff that has contact with residents on the requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in orientation training, in-service and one on one instructions or on the job training.

B. Training is tailored to the gender of the residents at the facility. Review of documentation revealed that staff receive additional training if the staff is reassigned from a facility that houses only female residents to a facility that houses only female residents, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only male Residents. However, the training discusses cross gender announcements.

C. Staff interviews indicated that employees have completed the training and received refresher training every two years to ensure that all employees know the agency / facility current sexual abuse and sexual harassment policies and procedures.

D. The facility documents, through employee signature verification, staff understanding of the training they have received. The facility documents staff training using the Training roster, and staff acknowledgements, which requires signature and date.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of staffs employed by the facility, which may have contact with residents, who were trained on the PREA requirements reported, was 84.

- In the past 12 months, the number of staffs employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements since the last audit reported was 53.

Interview Results:

- Ten (10) staff members interviewed was knowledgeable of the topics covered in the PREA training. One-hundred percent (100) of the security staff reported being informed of the topics they had been trained in. The staff could describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well as supportive services available to clients. Four (4) staff member stated that they could not recall receiving training on searching vulnerable populations. Staff reported that they received PREA related training annually and PREA related refresher online throughout the year.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 ☐ No

115.232 (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 ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Volunteer
  - Contractor

A. The agency/facility does not utilize contractors and volunteers. If the agency were to use contractors and volunteers (Interns) will be trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

B. The agency/facility does not utilize contractors and volunteers. Interviews indicated that if the agency use volunteers, they will receive the level and type of training provided would be based on the services they provide and the contact they have with residents; and all volunteers will be notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.

C. The agency/facility does not utilize contractors and contractors. Interviews indicated that if the facility utilizes volunteers and contractors, they will maintain documentation confirming that volunteers understand the training they received. The agency/facility will document volunteer training using the rosters or acknowledgement statement with signature and date.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of volunteers who will trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response is zero.

- In the past 12 months, the number contractors who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response was zero.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Residential Orientations
- Residents Consent for Release of Information
- Residents PREA Education Acknowledge Statements
- Resident Handbooks (English and Spanish)
- PREA: Community Resident Files/Records
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

- State of Connecticut Department of Correction Division of Parole and Community Services
- Post PREA Audit Notices in English and Spanish
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Intake Staff
  - Random Residents

A. Staff interviews and documentation review indicated that during the intake process, residents receive information explaining the facility's zero- tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Also, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting the incidents.

B. During intake, residents are given the resident handbook. During orientation, additional PREA related information is provided. The staff conducting intake/orientation gives residents the opportunity to ask questions to clarify anything they do not understand. resident's acknowledgement statements were provided of receiving PREA information. All residents at the facility received and have been educated on PREA. Residents that transfer to the facility also receive the required PREA Education.

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

D. The facility maintains documentation of resident participation in the PREA education by using a resident acknowledgement statement. The acknowledgement statement is sign and date by the resident confirming receiving the PREA information.

E. In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to residents through posters, resident handbooks, and other written formats.

F. According to CTDOC - Legal Mail: The program shall establish a modality for documenting the receipt of offender legal mail and the dissemination of such to the offender.

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

- The number of residents admitted during past 12 months who were given this information at intake reported was 585.

- The number of residents transferred from a different community confinement facility, during the past 12 months who received refresher information was zero.

Interview Results:

- Interviewed staff indicated that during orientation all residents, to include transfers from other facilities are educated on the zero tolerance and how to report incidents or suspicion of sexual abuse or sexual harassment. In general, this information is given during the intake process and is given within 30 days.

- Eighteen (18) clients were interviewed. Seventeen (17) of the clients reported that they received information upon intake regarding sexual abuse and harassment. The information was provided to them in a handbook, within 24 hours of admission. One (1) client stated that he did not receive any information upon admission. All clients could recall being informed about their rights to not being sexually abused or harassed for reporting sexual abuse or harassment and their right to not be punished for reporting. Clients are provided information regarding sexual abuse and harassment in the facility handbook, with the PREA hotline number as well as through groups and individual counseling sessions. The PREA hotline number and PREA literature was observed posted on the wall throughout the facility.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- NIC Certificate of Completion - PREA: Investigating Sexual Abuse in a Confinement Setting

- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Interviews:
  - Agency PREA Coordinator
  - Investigator

A. Interview staff indicated that the agency/facility conducts sexual abuse investigations. Staff indicated that outside local and state entities are responsible for investigating sexual abuse. The provision requires investigators to receive additional training to the general training provided to all employees to included investigating in confinement settings. This provision is not a requirement that the agency/facility must meet, but an external obligation that rests with the local and/or state investigatory entity.

B. The agency/facility does not have the authority to demand that external investigators, for example local or state police who investigate sexual abuse to received specialized training that 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.

C. Interview staff indicated that the agency/facility do not maintain documentation that the outside local and state entities have completed specialized training.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- The number of investigators currently employed who have completed the required training was three.

Interview Results:

- Interview with the Agency PREA Coordinator indicated that if an administrative PREA issue needs to be investigated he would be the one to investigative. However, he has completed the required specialized training for investigators.

- Interview with the Agency Investigator indicated that the policy requires all allegations of sexual abuse or sexual harassment be referred for investigation with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.235 (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 ☐ No ☐ NA

115.235 (c)

- 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 ☐ No ☐ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- NIC Certification of Completion – PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting
- NIC Certification of Completion – PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting
- PREA: Community Employee Flies/Records
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator

A. Follow up with the Agency PREA Coordinator indicated that the medical staff completed the National Institute of Corrections (NIC) on line training course for PREA 201 for Medical and Mental Health Practitioners. Certificate of Completion was provided.

B. Interview staff indicated that the facility does not utilize contracted medical or mental health staff to include full or part-time. The facility has on staff, medical and Behavioral Health that has received the required specialized training which include the following:

- How to detect and assess signs of sexual abuse and sexual harassment,
- How to preserve physical evidence of sexual abuse,
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Staff indicated that residents receive these services, when needed, in the community.

C. The agency/facility medical staff does not conduct forensic examinations. The local hospital conducts all emergency care or treatment to include "Sexual Assault Forensic Examinations". The local hospital examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

D. Interview staff indicated that the facility does not utilize employees or contracted medical or mental health staff to include full or part-time. The facility does maintain documentation that medical/mental health practitioners have received the specialized training referenced in this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 ☐ No

- 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 ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.241 (d)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.241 (e)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- 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 ☐ No

115.241 (h)

- 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 ☐ No

115.241 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- APT PREA Screenings
  - Residential Screening – (Vulnerability and Aggressive)
  - PREA Risk Factor Plan #2
  - Master Treatment Plan Review (30 Days) #3
  - Master Treatment Plan Review (60 Days) #4
- PREA: Community Resident Files/Records
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Staff Screening for Risk of Victimization and Abusiveness
  - Random Residents

A. The facility assesses all residents during intake screening including residents that transfer from other facilities, programs and/or prisons for risk of being sexually abused.

B. Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the facility. In addition, during intake screening, procedures require staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any indication that a resident has a history of sexually aggressive behavior. Housing assignments are made accordingly.

C. The facility uses an objective screening instrument in written format.

D. Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the Resident has a mental, physical, or developmental disability;
- The age of the Resident;
- The physical build of the Resident;
- Whether the Resident has previously been incarcerated;
- Whether the Residents' criminal history is exclusively nonviolent;
- Whether the Resident has prior convictions for sex offenses against an adult or child;
- Whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the Resident has previously experienced sexual victimization;
- The Resident's own perception of vulnerability

E. Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses an objective Screening Instrument to document this process. The objective screening instrument has all of the required criteria. The results of the assessment are documented on the screening form whether the resident is vulnerable or sexually aggressive. Prior acts of sexual abuse, prior convictions for violent offenses and history of

prior institutional violence or sexual abuse are considered in assessing residents for risk of being sexually abusive.

F. Interviews indicated that the staff reassesses the residents' risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the resident is identified at risk for victimization or for being at risk for being sexually abusive.

G. Interviews indicated that resident's risk level are reassessed when warranted due to a referral, request, incident sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

H. Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).

I. The agency/facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the Resident's detriment by staff or other residents as descript above.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length or stay in the facility was for 72 hours or more) who were screened for risk of sexually victimization or risk of sexually abusing other Residents with 72 hours of their entry into the facility was 578.

Interview Results:

- The following is responses to the PREA Coordinator interview questions 6 and 7:

    - 6 – How does the agency or facility use information from risk screening during intake to keep residents form being sexually victimized or being sexually abusive?

      The PREA Coordinator indicated that the APT Foundation has placed the risk screening as part of the admitting evaluation, which is completed by an independently licensed professional counselor or social worker. The core evaluation covers the elements necessary to complete the risk plan. The agency has developed a coded response to determine whether an individual is at risk for victimization or abusive. If the screening identifies a risk, a risk plan is generated to help guide housing and programmatic decision.

- 7 – Has the agency outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation?

  The PREA Coordinator indicated that the assessment is available to the clinical and medical staff at the facility. The PCA staff would be aware that a resident has a risk plan in place for increased monitoring purposes.

- Interview staff indicated that the facility's Facility Director, Intake and Counseling have access to resident's risk assessment in order to protect sensitive information form exploitation.

- Interview staff indicated that the initial risk screening assessment considers all the requirements listed in this standard.

- Interview staff indicated that the process for conducting the initial screening is a checklist and a written format.

- Interview staff indicated that the staff does reassess resident's risk level as needed due to referrals, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

- Eighteen (18) clients interviewed were placed at the facility within the last 6 months. All but one client recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay or bisexual. These questions were asked upon arrival and during the intake process.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- 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 ☐ No

- 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 ☐ No

115.242 (d)

- 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 ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:

- Agency PREA Coordinator
- Staff Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random Residents

A. The agency/facility uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive.

B. According to interviews, individualized determinations about how to ensure the safety of each resident will be made on a case by case based.

C. The facility did not have any transgender or intersex residents during the audit period. However, if the facility receives a transgender and in deciding whether to assign a transgender or intersex resident to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the residents' health and safety, and whether the placement would present management or security problems.

Staff interviews indicated that when making placement and programming assignments for each transgender or intersex resident the facility will reassess them at least twice each year to review any threats to safety experienced by the resident.

D. Staff interviews also indicated if they were to have a transgender or intersex resident, the residents' own views with respect to his or her own safety will be given serious consideration.

E. Transgender and intersex Residents will be given the opportunity to shower separately from other residents.

F. Staff Interviews indicated that the facility does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated housing or on wings solely on the basis of their identification or status.

Interview Results:

- The following is responses to the PREA Coordinator interview questions 8, 9, 10, 11, 12, 13, and 14:

    - 8 – How does the agency or facility determine housing and program assignments for transgender or intersex residents.

The PREA Coordinator indicated that housing and programming assignments for transgender or intersex residents is largely based on resident preference and are determined on a case-by-case basis. His knowledge of transgender and intersex persons is heavily utilized by facility staff in making these decisions. The APT Foundation has a good track record of providing treatment to persons in the LGBTQ community and have provided numerous staff training opportunities to assist in educating staff and increasing awareness.

- 9 – Does the agency consider whether the placement will insure the resident's health and safety?

  The PREA Coordinator indicated that the resident's health and safety are vital to the placement, otherwise, limited benefit of the treatment service will be achieved.

- 10 – Does the agency consider whether the placement would present management or security problems?

  The PREA Coordinator indicated that he was not certain what management or security problems mean for the placement. The APT Foundation works to rule people in to treatment, rather than rule people out of treatment. He is fully prepared to accept any person who meets the admitting criteria that would benefit from the service. The agency complete risk assessments and develop risk plans accordingly. He can see no reason why a risk plan could not be revised if additional concerns are noted.

- 11 – Are transgender or intersex resident's own views with respect to his or her own safety given serious consideration in placement and programming assignments?

  The PREA Coordinator indicated that as in question #8 above, the preference of a transgender or intersex person would be strongly considered regarding placement in housing and programming assignment. He stated "frankly", that would be the first or primary point he would consider.

- 12 – Are transgender and intersex residents given the opportunity to shower separately from other inmates? If yes, how are they given the opportunity.

  The PREA Coordinator indicated that the APT Foundation has a number bedroom/bathroom configurations that would permit private showering for a transgender or intersex resident. Likewise, there are no open shower areas in the facility.

- 13 – Is the agency of facility subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents?

  The PREA Coordinator indicated no, the agency is not subject to consent decree or other legal requirements to establish a dedicated facility for LGBTQI persons.

- If not subject to a consent decree etc. – How does the agency ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on their sexual orientation, genital status, or gender identity?

  The PREA Coordinator indicated that the APT Foundation integrates all persons regardless of their sexual orientation or gender identity or expression. The APT Foundation does not see any purpose or benefit of doing so.

- Interview with the Facility Director indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on identification status for protecting such residents.

- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. That the facility will house them in the general population unless requested by the resident for special housing for safety issues.

- Eighteen (18) clients interviewed none reported being lesbian, gay, bisexual, transgender, or intersex.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.251 (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 ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- APT Residential Cell Phone Use Agreement Forms
- APT Resident Handbook (English and Spanish)
- Facility Tour/Observations
- Connecticut Parole and Community Residential Program Offender Cell Phone Disclosure Forms
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Reporting Directly to CTDOC through the PO assigned to TOP Program
- Statewide Connecticut Sexual Assault Crisis Services (Spanish and English)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Random Officers
  - Random Residents

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

- Reporting to any staff member either verbally or in writing
- Reporting to local law enforcement
- Report to family members

- Tell Department of Corrections
- Using cell phones

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

C. According to staff interviews, staff accepts PREA reports made verbally, in writing, anonymously, and from third parties and document verbal reports by end of the shift.

D. Staff indicated that they could privately report sexual abuse and sexual harassment of residents through the management team or outside the facility.

E. According to CTDOC regarding possession of cellular phones:

CTDOC Policy: Offenders shall be allowed to possess cellular phones, to include phones with camera and internet capability, unless specifically prohibited in the terms, conditions or stipulations of the offender's release.

Requirements:

- Cell phones may be registered and paid for directly by the offender, or held in the name of a friend or family member on the offender's approved visiting list.

- Cell phones must be registered with program staff and current passwords to access the phone and any protected applications must be kept on file with program staff. If the offender changes or adds a password, it must be provided to staff upon request.

- Any offender choosing to maintain a phone must complete and sign the Residential Program Offender Electronic Device Disclosure Form, a copy of which must be kept by program staff in the offender's file.

- Cell phones that will be registered and paid for directly by the offender, may be restricted until the offender has obtained employment, and cell phone plans may be limited based on the offender's earnings, at the discretion of program staff.

- Program staff shall not be authorized to search offender cell phones without prior, written approval from the Program Director in consultation with the assigned Parole Officer.

Interview Results:

- The following is responses to the PREA Coordinator interview questions 15 and 16:
  - 15 – Does the agency or facility provide at least one way for resident to report abuse or harassment to a public or private entity or office that is not part of the agency?

    The PREA Coordinator indicated that the APT Foundation maintains a comprehensive MOU to the Women and Families Center. The facility post their English and Spanish hotline numbers. Further, a staff representative form the Women and Families Center also assists in providing trauma groups in the facility. This unique arrangement helps to connect residents to a staff person from the Women and Families Center which can assist a person subject to sexual abuse or sexual harassment in making a complaint to the outside organization.

  - 16 – Do these procedures enable receipt and immediate transmission of recent reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request?

    The PREA Coordinator indicated that MOU requires immediate notice of a report, however, does permit a resident to remain anonymous in making a report if they chose to do so.

- Interviewed staff indicated that they can privately report sexual abuse and sexual harassment of residents to their supervisor or use the PREA Hotline.

- Interviewed staff indicated that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by using the PREA Hotline, completing a grievance or telling a trusted staff and using their cell phones. They also indicated that residents can report verbally, in writing, anonymously, and from third parties.

- Interviewed residents were asked, how would you report any sexual abuse or sexual harassment that happened to you or someone else? After probing, all interviewed clients stated that they had numerous ways to report. Most of the clients reported that

the hotline is the primary way to report using their cell phone; along with notifying staff, making a written report, or telling a friend or family member.

- Interviewed residents were asked can you make reports of sexual abuse or sexual harassment either in person or in writing. All clients said both.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- 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 ☒ No

115.252 (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 ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.252 (d)

- 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 ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.252 (e)

- 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 ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.252 (f)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- DOC Grievance Form
- Inmate Acknowledgement: Code of Penal Discipline and Inmate Grievance Procedure Forms
- APT Resident Handbook (English and Spanish)
- Facility Tour/Observations
- DOC Policy: Inmate Administrative Remedies – Directive Number 9.6 (English)
- DOC Policy: Inmate Administrative Remedies – Directive Number 9.6 (Spanish)

- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Department of Correction Grievance Procedure
- Interviews:
  - Facility PREA Compliance Manager
  - Director / Manager
  - Residents Reported Sexual Abuse

A. Interview staff and documentation indicated that the facility does have administrative procedures to address resident grievances regarding sexual abuse. Resident are allowed to use the Department of Corrections grievance process. The Department of Corrections policy requires all community facilities to post the DOC grievances policy for all residents. All information containing allegations of sexual abuse or sexual harassment are submitted to investigations, and the allegation would be investigated.

B. According to CTDOC Policy: Each contracted residential community program shall establish standard policies for the submission, review, determination and CTDOC notification of offender grievances. Such policies must, at a minimum, adhere to the following:

In-House Requirements:

- Each program shall designate a Grievance/Administrative Remedy Coordinator.

- Each program shall provide locked boxes for the submission of offender grievances. Only the Program Director and the Grievance/Administrative Remedy Coordinator shall have access to such boxes. Such boxes shall be checked not less than once per day.

- Each grievance shall be reviewed and remedied or responded to in a timely manner and in accordance with agency policy.

- All grievances shall be reported to the supervising Parole Officer, via e-mail, in a timely manner.

Any offender choosing to file a CTDOC grievance shall follow the procedures for such, as delineated in CTDOC Administrative Directive 9.6 (Inmate Administrative Remedies). Such grievances shall be submitted to the designated CTDOC Parole and Community Services,

Residential Unit Administrative Remedies Coordinator, no later than the following business day.

However, APT Foundation PREA Coordinator explain that there is a grievance process in place. APT Foundation is required to maintain general grievance and compliant boxes by multiple referral sources to the facility. The APT Foundation informs residents not to use the grievance box to report PREA cases because the CTDOC staff has the keys and do not check the boxes daily or sometime weekly. The Agency PREA coordinator want all PREA related issues to be address immediately.

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

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero.

- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed reported was zero

- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the residents' decision to decline reported was zero.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero.

- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero.

- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported was zero.

Interview Results:

- According to staff interviews, the facility does not require a resident to use any formal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

According to Staff Interviews, the facility ensures that:

- Interviewed residents who allege sexual abuse stated they can submit the grievance

without submitting it to a staff member who is involved in the allegation

- The grievance is not referred to a staff member who is involved in the allegation.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (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 ☐ No

115.253 (c)

- 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 ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- APT Resident Cell Phone Use Agreement Forms
- APT Resident Handbook (English and Spanish)
- Facility Tour/Observations
- Connecticut Parole and Community Services Residential Program Offender Cell Phone Disclosure Forms
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  a. Facility Director
  b. Random Residents

A. The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents the mailing address to the Rape Crisis Center. An interview with the staff indicated that the facility is a private contract facility tasked with the obligation to house adult male and female residents.

B. The facility informs residents prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. Residents receive this information as a part of their orientation.

C. The facility to enter into MOU with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. Copies of the MOU are kept of file.

Interview Results:

- Eighteen (18) clients interviewed were aware of how to report or access services outside of the facility for dealing with sexual abuse. Clients interview stated that they would call

the police or google information on their cell phone. After further probing, some clients interviewed stated advocacy services, and domestic violence services.

- Upon observation, the client handbook provided reporting and crisis services with the Women and Families Center address and number provided with a 24-hour hotline both English and Spanish. The handbook set up clearly delineated how the clients reported having open access to the hotline number and were aware of the calls being private and confidential.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Facility Tour/Observations
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

- State of Connecticut Department of Correction Division of Parole and Community Services
- Third Party Reporting
  - Verbal reports to staff
  - Writing an anonymous note
  - Informing CTDOC
  - Calling the Connecticut State Police
  - PREA Coordinator
  - Website
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Facility Director

A. The facility uses the agency website page as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through visitor's information.

Third party information is being provided to all visitors regarding their family members that are incarcerated at facility by the agency website. If at any time a resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report on the resident's behalf by contacting assigned staff. All sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the offender.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

115.261 (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 ☐ No

115.261 (c)

- 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 ☐ No

- 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 ☐ No

115.261 (d)

- 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 ☐ No

115.261 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - PREA Coordinator
  - Facility Director
  - Random staff

A. Agency/facility policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.

B. Facility policy requires, apart from reporting to the designated supervisors or officials and designated state or local services; staff is prohibited from revealing any information related to a sexual abuse incident to anyone other than to make treatment, investigation, and other security and management decisions.

C. When sexual abuse incidents occur at the facility, staff interviews indicated that all staff are required to report whether they are direct care, administrative, medical, and mental health will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to designated investigators.

D. Management staff indicated the facility does not house residents that are age 18 and under. However, alleged victims considered as vulnerable adults will be reported to applicable mandatory reporting laws.

E. Management staff indicated that the facility would and report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to investigations.

F. According to CTDOC regarding alleged PREA incident: The program shall immediately notify the supervising Parole Officer in accordance with CTDOC's On Call Procedure and the PREA protocols contained in this manual.

Interview Results:

- The following is responses to the PREA Coordinator interview question 27:
    - Q27 - How do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state of local law? With additional probing the alleged victims considered as vu

      PREA Coordinator indicated that the facility does not treat individuals under age 18. A vulnerable adult by definition would typically not meet admission criteria to the facility level of care. With probing, alleged victims considered as vulnerable adults will be reported to applicable mandatory reporting laws.

- Interviewed staff indicated that the facility management required all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contribute to an incident or retaliation.

- Interview with the Facility Director indicated that all allegations of sexual abuse and sexual harassment to include third party and anonymous sources are reported directly to the investigators.

- One hundred percent (100%) of the fourteen (14) staff interviewed reported being conscious of the agencies procedure for reporting any information related to a client sexual abuse.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Policy Statement: Agency Protection Duties
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency Head Designee
  - PREA Coordinator
  - Facility Director
  - Random Staff

A. When the facility learns that a resident is at substantial risk of imminent sexual abuse, it takes immediate action by offering the resident to move to safe housing or monitoring both residents until the matter is resolved.

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

- In the past 12 months, the number of times the agency or facility determined that a

Resident was subject to a substantial risk of imminent sexual abuse reported was zero.

Interview Results:

- The Agency Head designee indicated that when a resident is subject to a substantial risk of imminent sexual abuse, the facility will provide 1:1 staff supervision until the immediate risk has abated. Actions taken to remove the immediate risk will be managed on a case-by-case basis with involvement of the resident referral source, if applicable.

- Interview with the Facility Director and random staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the resident maybe protected by moving to another housing unit or transferring the abuser.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

1. APT Foundation, Inc. PREA Policies
2. State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
3. State of Connecticut Department of Correction Division of Parole and Community Services
4. Policy Statement: Reporting to other Confinement facilities
5. PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
6 Interviews:
    - Facility Director / Manager
    - Facility PREA Compliance Manager
    - Agency Head - Designee

A. If the facility received an allegation that a resident was sexually abused while confined at another facility. Per staff interviews, the facility notified the head of the facility or appropriate office of the agency/facility where the alleged abuse occurred.

B. The facility provided a process that they use when a resident alleged sexual assault or sexual harassment at another facility. The process includes reporting no later than 72 hours.

C. Staff interviews indicated that when receiving allegations reported from other facilities, the facility would complete an incident report and send for investigations.

D. Staff interviews indicated that the designated staff receives notification will ensure that allegations are investigated in accordance with the agency process.

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

- During the past 12 months, the number of allegations the facility received that a Resident was abused while confined at another facility was zero.

- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

Interview Results:

- Interview with the Facility Director indicated when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at their facility involving staff, they would put that staff on no-contact. If it involves a resident, they would monitor that resident until investigation is completed.

- The Agency Head designee indicated if an external agency reports a case of Sexual Abuse or Sexual Harassment, the call would be forwarded to the PREA Coordinator. The PREA Coordinator will then coordinate with Clinical Leadership to determine the appropriate investigative means and engage the victim with supportive counseling and any medical examinations, including medications to prevent sexually transmitted diseases and family planning services, if indicated. There have been no external reports. The agency in the past has advised a referral source of a compliant received from a client of an event that occurred in their facility.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 ☐ No

- 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 ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- 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 ☐ No

115.264 (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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Facility PREA Compliance Manager
  - Random Officers
  - Security Staff First Response
  - Non-Security Staff First Response

A. Interviews with staff and staff training indicated when staff learn of an allegation that a resident is sexually abused, the first direct care staff to respond separates the victim and

abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

B. According to non-direct staff, if they are the first responder, they will request that the alleged victim not take any actions that could destroy physical evidence, and notify direct care staff or facility local law enforcement.

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

- In the past 12 months, the number of allegations that a resident was sexually abused was two.
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was two.
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero.
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times non-security staff member was the first responder was zero.

Interviews Results:

- Random staff that were interviewed as a First Responders describe the actions taken to an allegation of sexual abuse is to:
    - Separate the alleged victim and abuser,
    - Contact the supervisor,
    - Preserve and protect the crime scene,
    - Request that the alleged victim not to wash, brush teeth, change clothes or use the bathroom,
    - Request the same for the alleged abuser.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Facility Director

A. Interview staff indicated that in response to facility coordinate action for sexual abuse is a written plan; the coordination is among the facility headship, caseworker, first responder and the PREA Coordinator. The provision requires coordinate actions in response to an incident among staff first responders, investigators, and agency/facility leadership. However, the facility

does not utilize employees or contracted medical or mental health staff to include full or part-time. The facility is not in positions to obligate external entity to comply.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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 ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency Head - Designee
  - Agency PREA Coordinator
  - Facility Director

A. Staff interviews indicated that the facility is not a party to a collective bargaining agreement.

Interview Results:

- The Agency Head designee indicated that the APT Foundation does not participate in collective bargaining.

- Interview with the Agency PREA Coordinator and the Facility Director indicated that the facility does not belong to a union.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (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 ☐ No

115.267 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.267 (e)

- 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 ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- APT Resident Handbook (English and Spanish)
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency Head Designee
  - Agency PREA Coordinator
  - Facility Director
  - Monitoring Retaliation

A. The facility prohibits retaliatory behavior by residents or staff in regards to the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates PREA related incidents and allegations. The facility administrator is responsible for monitoring retaliation along with supervisors to monitor residents as it relates to PREA allegations and incidents.

B. The facility has several protection and reporting measures, for residents as express in previous provisions. The facility has the option to change resident housing or transfer resident victims or abusers, removal of alleged staff or resident abusers from contact with victims. The facility can unitize emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. DOC can remove the abuser.

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

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff:

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

Interview Results

- The Agency Head designee indicated that the APT Foundation will monitor for retaliation according to APT Foundation PREA policy. The agency maintains a documentation log to assist clinical leadership throughout the period necessary, typically 30 to 60 days, or longer if indicated. The agency would typically look to transfer an alleged abuse to another provider.

- The Agency Head designee indicated that the APT Foundation monitors for retaliation. During an investigation, the team is typically limited to those that need to know and those same individuals understand the confidentiality of the event is critical. The APT Foundation would provide additional supportive counseling, both internally and through the Women and Families Center, while also ensuring that medical needs are also included.

- Interviewed staff indicated that when preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations would change resident housing or transfers a resident, removal of alleged abusers, refer resident to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.

- Interviewed staff indicated that they will monitor the resident at least weekly. However, this process would end around 90 days.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 ☐ No ☐ NA

- 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 ☐ No ☐ NA

115.271 (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 ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- 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 ☐ No

115.271 (e)

- 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 ☐ No

- 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 ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- 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 ☐ No

115.271 (g)

- 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 ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- 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 ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Community Confinement Facility Documentation Review – Investigations (2)
- Investigations Reports (2)
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator /Investigator
  - Facility Investigator

A. Staff interviews and documentation review indicated that neither the agency, nor the facility conducts criminal investigations. The facility policy states that local police handle the investigation involving residents in the custody of CTDOC. However, the Agency PREA Coordinator has completed the NIC specialized training for investigators to conduct administrative investigations. Staff indicated that when or if they call State Police, they responded to the facility immediately.

B. The facility uses local Police as investigators. The state investigators are POST law enforcement officer who have received training in sexual abuse investigations.

C. Local police Investigators gather, preserve direct, and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

D. When the quality of evidence appears to support criminal prosecution, the agency/facility believes that the local police conduct interviews and consulted with prosecutors as to whether interviews may be an obstacle for subsequent criminal prosecution.

E. The credibility of an alleged victim, suspect, or witness is believed to be assessed on an individual basis and is not determined by the person's status as resident or staff.

F. Administrative investigations can be conducted by the Agency PREA Coordinator who involve staff and resident sexual harassment.

- The investigations will include efforts to determine whether staff actions or failures to act contributed to the abuse; and

- will document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.

G. The facility reported no investigations with the past 12 months. Interview staff indicated that if the facility has a criminal investigation, they will request the investigating entity to provide a written report that contains a through description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

H. Substantiated allegations of conduct that appears to be criminal are referred for prosecution by the outside investigators.

I. The agency/facility staff indicated that they will retain all written investigation reports and additional attachments for as long as the alleged abuser is in the system or employed by the agency, plus five years.

J. Interview staff indicated that the facility will be requested for the outside investigating entity not to terminate the investigation if the alleged abuser or victim leave or discharge for the facility or staff is no longer employed at the facility.

K. The local police are the outside entity the handle the facility investigations.

L. Agency/facility policy requires all staff to cooperate with outside investigators and request that the facility remain informed about the progress of the investigation.

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

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero.

Interview Results:

- The following is responses to the PREA Coordinator interview question 71:
  - Q20 – If an outside agency investigates allegations of sexual abuse, how does the agency remain informed of the progress of a sexual abuse investigation.

    The PREA Coordinator indicated that APT Foundation relies on the New Haven Police Department to investigate of an active sexual assault on property. A key determining factor is whether an event contains criminal evidence. For any event, even if turned over to the New Haven Police Department, the PT Foundation will initiate its own investigation. As part of the internal investigation, communications with the Police Department would be vital and ongoing leading up to the receipt of a police report of their findings.

- Interviewed staff indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation through emails and the release of the final investigation report.

- Interviewed facility investigator indicated when evidence is discovered that a prosecutable crime may have taken place; it is turned in to the local police for review than the prosecutor is consulted. According to the investigator cases for prosecution is refer when there are substantiated allegations of conduct that appear to be criminal.

- Interviewed facility investigator indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion.

- Interviewed facility investigator indicated all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Community Confinement Facility Documentation Review – Investigations (2)
- Investigations Reports (2)
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:

- PREA Coordinator
- Investigator

A. The Agency PREA Coordinator/Investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interview Results:

- Interviews with the Agency PREA Coordinator/Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.273 (d)

- 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 ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Community Confinement Facility Documentation Review – Investigations (2)
- Investigations Reports (2)
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Chief Operating Officer/Agency PREA Coordinator
  - Investigator

A. Following an investigation into a resident's allegation of sexual abuse, the facility ensure that the resident is inform to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

B. The facility does not conduct investigations, the agency policy states at the conclusion of any law enforcement investigation where a sexual abuse incident has been reported the client should be notified that the investigation is concluded, either by the investigating law enforcement agency or through a victim services agency or representative.

C. When a resident's alleged that a staff member has committed sexual abuse against the resident, the facility will subsequently notify the resident (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer in the resident's unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility's obligation to report under this standard terminates if the alleged victim is released from the Department's custody.

D. According to staff interviews, if a resident alleged that he has been sexually abused by another resident, the facility informs the alleged victim whenever:

  - The alleged abuser has been indicted.
  - The alleged abuser has been convicted.

E. The facility indicated that notifications or attempted notifications are documented.

F. Staff interviews indicated that the facility is obligate to report if the resident is released from the facility's custody.

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

- The number of criminal and/or administrative investigations of alleged Resident sexual abuse that were completed by the agency/facility in the past 12 months was two.

- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation were two.

- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.

- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of Residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero.

- In the past 12 months, the number of notifications to Residents that were provided pursuant to this standard was zero.

Interview Results

- Interview with the PREA Coordinator indicated that the facility notifies residents who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

- Interviewed PREA Coordinator/Investigator indicated that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The information is shared with the facility to inform the resident.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- 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 ☐ No

115.276 (d)

- 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 ☐ No

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Facility Director

A. Policy states that staff shall be subject to disciplinary sanction up to and including termination for violating facility resident sexual abuse and/or harassment policies.

B. The directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse.

C. Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable residents by other staff with similar histories.

D. All terminations for violations of agency resident sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

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

- In the past 12 months, the number of staffs from the facility who has violated agency sexual abuse or sexual harassment policies was zero.

- In the past 12 months, the number of staffs from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.

- In the past 12 months, the number of staffs from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were zero.

- In the past 12 months, the number of staffs from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment polices reported was zero.

Interview Results

- Interviews with the Facility Director confirmed staff violating agency sexual abuse policies with be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies

- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Facility Director

A. The agency/facility identifies sanctions for volunteers who engage in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.

B. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of agency resident sexual abuse or sexual harassment policies by a volunteer.

Volunteers are advised during their orientation that any volunteer who engages in sexual abuse shall be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. This information is provided in the Handbook provided to all contractors and volunteers.

There have been no violations of agency sexual abuse policies by any volunteer during the past twelve months.

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

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was zero.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 ☐ No

115.278 (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 ☐ No

115.278 (c)

- 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 ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- 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 ☐ No

115.278 (f)

- 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 ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☐ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Facility Director

A. The agency/facility has a formal resident disciplinary process when a resident is subject to a disciplinary sanction following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

B. The disciplinary process allows sanctions to 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 within the facility.

C. The resident discipline process considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

D. Staff interviews indicated that policy and law prohibit staff from having any sexual contact with residents.

E. Staff interviews indicated for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, if an investigation does not establish evidence sufficient to substantiate the allegation.

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

- In the 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero.

- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 ☐ No

115.282 (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 ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Facility Director

A. The agency/facility 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. This service is provided by an outside organization.

B. If no qualified medical or mental health practitioners are on duty at the time a report of abuse, staff first responder takes preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff. This service is provided by an outside organization.

C. Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility offers prophylactic treatment and follow-up for sexually transmitted and other communicable diseases to all victims, as appropriate. This service is provided by an outside organization.

D. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interview Results

- Interviewed staff describes the following actions they would take as a first responder: Separate the alleged victim and abuser, Preserving and protecting evidence on the victim, abuser, and the location where the incident occurred.

- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.

- Interviewed staff indicated that they would immediately notify their supervisor.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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 ☐ No

115.283 (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 ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- 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.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- 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 ☐ No

115.283 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Consent for The Release of Information Forms
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Mental Health Staff
  - Residents Reported Sexual Abuse

A. The agency/facility offers medical/mental health evaluation and, provides services to all residents who have been victimized by sexual abuse through outside services.

B. Staff interviews indicated that evaluations and services of victims include follow-up services, referrals for continued care following Residents transfer to, or placement in, other facilities, or their release from custody.

C. The facility provides victims with medical/mental health services consistent with the community level of care because all services are provided by an outside organization.

D. Male and female facility. Therefore, this service for victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy test through outside organization.

E. Male and female facility. Therefore, this service for pregnancy results for victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

F. Staff interviews indicated that resident victims of sexual abuse while in the program are offered tests for sexually transmitted infections as medically appropriate through outside services.

G. The agency/facility requires treatment services to be provided to victims without financial cost.

H. The facility conducts a medical/mental health evaluation of resident-on- resident abusers of learning of abuse history and offer treatment. If the resident reports history of sexual abuse or abusiveness appears at risk for victimization, security and case management are notified.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- 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 ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- Community Confinement Facility Documentation Review – Investigations (2)
- Investigations Reports (2)

- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Facility Director
  - Incident Review Team

A. The agency requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded.

B. The review will ordinarily occur within 30 days of the conclusions of the investigation when they received the Investigation Report. However, the facility has no sexual abuse cases within the past 12 months.

C. The review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners.

D. The review team is required to consider and complete the following:

1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4) Asses the adequacy of staffing levels in that area during different shifts;
5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6) Prepare a report of findings.

E. Interview team member indicated that the Agency/Facility PREA Coordinator oversee the implement the recommendations for improvement.

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

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents was one.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents was two.

Interview Results

- The following is responses to the PREA Coordinator interview questions 24, 25 and 26:

  - Q24 - If the facility conducts sexual abuse incident reviews, does the facility prepare a report of its findings from the reviews, including determinations, per standard 115.286 and any recommendations for improvement?

    The PREA Coordinator indicated yes, the sexual abuse incident review again follows the date requirements for the standard. This is done to ensure consistency and assist in analysis of review date.

  - Q25 – Are these reports forwarded to you to review? Have you noticed any trends?

    The PREA Coordinator indicated that he participates in the review team and will generally be the person that would document the review and any findings. Fortunately, the facility has very few complaints and reviews so trending, while completed, does point to a concern or trend.

  - Q26 – What actions, if any, do you take after the report has been submitted?

    The PREA Coordinator indicated that this would largely depend on the findings. As he has indicated elsewhere, findings could result in a policy edit; staff retraining; or technology enhancement. Again, any report and subsequent review is considered a quality improvement opportunity ad would be treated as such.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

- 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 ☐ No

115.287 (d)

- 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 ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - PREA Coordinator
  - Facility Director

A. The agency/facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by Facility policy.

B. Agency aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. Each Agency facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

C. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

D. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

E. The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

F. Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.288 (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 ☐ No

115.288 (c)

- 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 ☐ No

115.288 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency Head Designee
  - Agency PREA Coordinator
  - Facility Director

A. The agency and the facility review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the Agency prepares an annual report of its findings and corrective action that includes the facility and the agency.

B. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

C. The report is approved by the agency head/designee and made readily available to the public through its website.

D. The agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

Interview Results

- The following is responses to the PREA Coordinator interview questions 21, 22 and 23:

  - Q21 - Does the agency review data collected and aggregate pursuant to 115.287 in order to access and improve the effectiveness of its sexual abuse prevention, detection, and response activities, and training?

    The PREA Coordinator indicated that the APT Foundation has developed both the internal PREA incident report as well as the Incident Review document directly form the standards to ensure they are capturing consistent information for analysis. The data contained in any document is password protected with storage backed up to a cloud-based server. Any data following any event or review is considered for corrective action, including policy revision, staff retraining, or technology upgrades.

  - Q22 – Does the agency prepare an annual report of findings from its data review and any corrective actions for each facility, as well as the agency as a whole?

    The PREA Coordinator indicated that PREA is part of the annual report of agency data, particularly in analysis of incident report data. This data is reviewed by the Senior Management Team of the APT Foundation as well as the APT Foundation Board of Directors.

  - Q23 – What types of material are typically redacted from the annual report. Does the agency indicate the nature of the material redacted?

    The PREA Coordinator indicated based on his experience with PREA information thus far, if there is need to include more specific information, any client, perpetrator, or staff name would be redacted along with any other information that might permit an individual to determine that name of a person involved. The redactions would be noted.

- The Agency Head designee indicated that the PREA Review form incorporates specific data elements, as outlined by PREA standards. This data would be analyzed for correction/improvement activities. This would include prevention, detection, response policies, and training needs. PREA events are also included in the incident report data trends. Fortunately, the APT Foundation has had so few incidents that might qualify as a PREA event.

- The Agency Head designee indicated that the incident data, including PREA is presented to the Senior Management Team of the organization as well as the Board of Directors. The annual as well as PREA audit reports are included on the APT Foundation website.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained? ☒ Yes ☐ No

115.289 (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 ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator
  - Facility Director

A. The parent company aggregated sexual abuse data from the facility under its direct control is made readily available to the public at least annually through its website.

B. Before making aggregates sexual abuse data publicly available the agency removes all personal identifiers.

C. The agency maintains sexual abuse data collected for at least 10 years after the date of initial collection.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ 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.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- APT Foundation, Inc. PREA Policies
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
  - Agency PREA Coordinator

A. The agency has ensured that each facility operated by the agency is audited at least once every three years.

B. The agency ensures that a third of each facility type is audited every year as well.

C. The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse.

D. The agency and/or facility demonstrated compliance with the PREA standards by submitting policies, procedures, reports, internal and external audits, and accreditations of the most recent one-year period.

E. The auditor conducted on-site visit that included sampling of relevant documents, other records, additional information for the 12 months' timeframe.

F. During the on-site audit, the auditor was given access to all areas of the facility, site observes; the auditor requested and received copies of relevant documents to include electronically stored information.

G. The auditor has retained and preserves documentation use to make audit determinations and the documentation is available to the Department of Justice upon request.

H. The auditor interview representative samples listed below and were permitted to conduct all formal interviews privately.

- Agency and Facility Leadership
- Random Staff
- Specialized Staff
- Supervisor
- Administrators
- Random Residents
- Targeted Residents
- Etc.

I. The PREA Audit Notice was posted to permit Residents to send confidential information or correspondence to the auditor. The audit reaches out and attempt to communicate with community-based advocates who have insight into relevant conditions in the facility.

Interview Results:

- Interview with Agency PREA Coordinator and agency website has indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Website
- Interviews:
  - Agency PREA Coordinator

A. This report describes in the narrative the methodology, sampling sizes, and the basis for the auditor's conclusions provide such information to the agency upon request, and may provide such information to the Department of Justice.

Interview Results:

Interview with Agency PREA Coordinator and a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr. January 3, 2020

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.