PREA Facility Audit Report: Final

Name of Facility: APT Residential Services Division
Facility Type: Community Confinement
Date Interim Report Submitted: 06/06/2025
Date Final Report Submitted: 08/03/2025

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Latera M. Davis	**Date of Signature:** 08/03/2025

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	laterad@yahoo.com
Start Date of On-Site Audit:	04/08/2025
End Date of On-Site Audit:	04/09/2025

FACILITY INFORMATION	
Facility name:	APT Residential Services Division
Facility physical address:	54 East Ramsdell Street , New Haven, Connecticut - 06515
Facility mailing address:	1 Long Wharf Drive, Suite 321, New Haven, Connecticut - 06511

Primary Contact

Name:	Bob Freeman
Email Address:	bfreeman@aptfoundation.org
Telephone Number:	203-781-4600

Facility Director	
Name:	Daniel Iead
Email Address:	diead@aptfoundation.org
Telephone Number:	203-781-4600

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

Facility Characteristics	
Designed facility capacity:	132
Current population of facility:	74
Average daily population for the past 12 months:	64
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18+
Facility security levels/resident custody levels:	NA
Number of staff currently employed at the facility who may have contact with residents:	82
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	APT Foundation, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1 Long Wharf Drive, Suite 321, New Haven, Connecticut - 06511
Mailing Address:	1 Long Wharf Drive, New Haven, Connecticut - 06511
Telephone number:	203-781-4600

Agency Chief Executive Officer Information:	
Name:	Lynn M. Madden
Email Address:	lmadden@aptfoundation.org
Telephone Number:	203-781-4600

Agency-Wide PREA Coordinator Information

Name:	Bob Freeman	Email Address:	bfreeman@aptfoundation.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	

Number of standards met:
41

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-08
2. End date of the onsite portion of the audit:	2025-04-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI Connecticut Alliance Against Sexual Assault

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	132
15. Average daily population for the past 12 months:	64
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	58
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	5
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	3
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	On the first day of the onsite portion of the audit, the auditor was provided with a comprehensive list of all residents in the facility. The facility houses female and male residents. The facility was able to utilize data from the risk assessment to identity any targeted populations.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	82
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	On the first day of the onsite portion of the audit, the auditor was provided with a comprehensive list of all staff by title and shift.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	On the first day of the onsite portion of the audit, the auditor was provided with a comprehensive list of all staff by title and shift.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	As an auditor, the process of selecting residents for interviews is designed to ensure a fair and unbiased representation of the population. We use a random selection method, often through a random number generator or a similar unbiased tool, to choose residents from the list. This process helps us gather a diverse range of perspectives and ensures that no particular group is either favored or overlooked. Our goal is to obtain an accurate and comprehensive understanding of the environment and conditions from various residents' viewpoints. As an auditor, the process of selecting residents for interviews is designed to ensure a fair and unbiased representation of the population. Typically, we use a random selection method, often through a random number generator or a similar unbiased tool, to choose residents from the list. However, due to the limited number of residents at the facility that were onsite during the audit, the auditor selected all those available while onsite.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	9

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no identified targeted residents.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no identified targeted residents.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were no identified targeted residents.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Prior sexual victimization is not an interview protocol for community confinement.

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility does not utilize segregated housing.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	As an auditor, my corroboration strategies to determine if the specific population exists within the audited facility include multiple layers of verification: Information from the PREA Audit Questionnaire (PAQ): I analyze data provided in the PAQ, which includes demographic information, incident reports, and other relevant statistics about the resident population. Onsite Documentation Review: During the onsite visit, I review various documentation, such as intake forms, resident rosters, medical records, incident reports, and any other relevant documents that can provide insight into the demographics and specific populations within the facility. Interviews and Discussions: I conduct interviews and hold discussions with a range of individuals, including staff, inmates/ residents, and detainees. These conversations provide firsthand accounts and personal insights that complement the data collected from the PAQ and documentation. Staff members often have valuable insights about the population's dynamics and any specific needs or issues that might not be captured in written records. Observation: While onsite, I observe the facility’s operations, resident interactions, and living conditions. This helps corroborate the information obtained from documents and interviews and provides a more holistic understanding of the facility’s environment. By combining these methods, I ensure that the identification and understanding of the population within the facility are accurate and comprehensive. This multi-faceted approach allows me to cross-reference data from various sources, thus increasing the reliability and validity of the findings.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Interviews with random staff were conducted across various shifts, housing units, and job classifications to ensure broad representation. Staff were selected from rosters using a random sampling method, with an emphasis on including a mix of security staff, medical personnel, education and program staff, and support services.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	21
63. Were you able to interview the Agency Head?	◉ Yes ○ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No

70. Provide any additional comments regarding selecting or interviewing specialized staff.	As an auditor, my corroboration strategies to determine if the specific population exists within the audited facility include multiple layers of verification: Information from the PREA Audit Questionnaire (PAQ): I analyze data provided in the PAQ, which includes demographic information, incident reports, and other relevant statistics about the resident population. Onsite Documentation Review: During the onsite visit, I review various documentation, such as intake forms, resident rosters, medical records, incident reports, and any other relevant documents that can provide insight into the demographics and specific populations within the facility. Interviews and Discussions: I conduct interviews and hold discussions with a range of individuals, including staff, inmates/ residents, and detainees. These conversations provide firsthand accounts and personal insights that complement the data collected from the PAQ and documentation. Staff members often have valuable insights about the population's dynamics and any specific needs or issues that might not be captured in written records. Observation: While onsite, I observe the facility’s operations, resident interactions, and living conditions. This helps corroborate the information obtained from documents and interviews and provides a more holistic understanding of the facility’s environment. By combining these methods, I ensure that the identification and understanding of the population within the facility are accurate and comprehensive. This multi-faceted approach allows me to cross-reference data from various sources, thus increasing the reliability and validity of the findings.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the site review, comprehensive access was granted to all areas of the facility, allowing for a thorough examination of the environment and operations. Key observations included the following: Facility Access: Unrestricted access to various sections of the facility was provided, facilitating a detailed assessment of living conditions, security measures, and common areas. Operational Observations: Several critical functions were tested and observed, including emergency response protocols, security checks, and daily operational routines. These tests demonstrated the facility's preparedness and adherence to established standards. Interactions and Informal Conversations: Informal conversations with staff, residents, and detainees provided additional insights into the daily operations and the overall atmosphere of the facility. These interactions were valuable in corroborating data obtained from documentation and formal interviews. General Observations: The site review highlighted both strengths and areas for improvement within the facility. Observations on cleanliness, maintenance, and the behavior of staff and residents contributed to a comprehensive understanding of the facility's current state.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Documentation sampling During the audit process, I took several steps to ensure that the documentation reviewed was thorough and representative of the facility's operations: Oversampling Documentation: In certain instances, I oversampled documentation to gain a deeper understanding of specific areas. For example, I reviewed an increased number of training records and unannounced rounds to identify any recurring patterns or issues that might not be evident from a smaller sample size. Barriers to Selecting Additional Documentation: While the facility provided comprehensive access to most documents, there were some challenges encountered: Time Constraints: The limited time available for the audit sometimes posed a challenge in reviewing all the desired documentation in detail. Document Availability: In a few cases, some documents were not immediately available, however provided by the final audit report. Mitigation Strategies: To address these barriers, I implemented several strategies: Prioritization: I prioritized reviewing documents that were most critical to the audit's objectives and sought summaries or overviews where full documents were not accessible. Supplementary Interviews: When documentation was not fully available, I supplemented the review with additional interviews and discussions with staff and residents to fill in the gaps. Request for Additional Information: I requested additional information or clarifications as needed to ensure that the audit findings were accurate and comprehensive. These steps were taken to ensure a thorough and balanced review of the facility’s documentation, ultimately contributing to a more accurate assessment.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no identified allegations during the audit phase.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no identified allegations during the audit phase.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no identified allegations during the audit phase.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	Diversified Correctional Services

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Documentation: · Pre-Audit Questionnaire · Policy: Zero Tolerance of Sexual Abuse and Sexual Harassment · New Haven Organization Chart · Agency Organization Chart Interviews: · Agency PREA Coordinator

	Compliance Determination by Provisions and Corrective Actions: 115.211 (a). An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. APT Policy Statement: The APT Foundation maintains zero tolerance towards all forms of sexual abuse and sexual harassment throughout the agency. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.211 (b). An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency employs or designates an upper-level, agency-side PREA coordinator. It was further reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator reports to the agency President. APT Policy Statement: The APT Foundation has designated the APT Foundation's Director of Clinical Operations/Corporate Compliance Officer as the PREA Coordinator.

	APT Policy Statement: The APT Foundation's PREA Coordinator has sufficient time and authority to Develop, Implement, and Oversee agency efforts to comply with PREA Standards. ATP Policy Statement: The PREA Coordinator is a senior-level management position noted on the APT Foundation's administrative organizational chart. Agency Organization Chart: As reported on the organization chart, the agency PREA Coordinator title is Director Clinical Operations/Corporate Compliance Officer/PREA Coordinator. The position reports to the President/CEO. Interviews: PREA Coordinator: The staff interviewed reported that they have enough time to manage their PREA-related responsibilities. PREA related concerns would be considered an immediate priority for me to address. Any other responsibilities would be secondary in the moment. The ongoing "maintenance" of PREA standards within the organization does not take much time. As PREA Coordinator, I participate in planning forums where prevention mechanisms like staffing and monitoring is discussed. I coordinate all training functions for staff as they are related to PREA. I am used to responding to questions regarding PREA policy and facility operations. I am also part of the team that consults on housing decisions for transgender persons. I have full latitude with PREA policy and compliance. If I were to determine we were out of compliance, I would develop a draft revised policy for review by both Facility and Agency Leadership. After incorporating any feedback leading to a formal revision, I would develop and implement a training plan for the revised policy. The PREA Coordinator and Facility Leadership would monitor compliance with revised policy to ensure changes met the intended compliance outcome for three to six months. If the desired outcome did not occur, the process would be complete. If it is deemed earlier than three to six months the revised policy was not effective, revision could come sooner. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Contracting with Other Entities for the Confinement of Inmates Findings (By Provision): 115.212 (a). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 1 The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.Upon further review the agency does not subcontract residents however is the contractor for the State. APT Policy Statement: The APT Foundation’s Residential Services Division, located in New Haven, CT is currently the only facility that requires PREA Audit due to contracted beds from the Department of Corrections (DOC); Court Support Services Division (CSSD); and Federal Probation beds. APT Policy Statement: The APT Foundation has zero (0) other facilities that require a PREA auditing contract The agency serves as a contracted provider for the Department of Corrections (State of Connecticut Purchase of Service Contract). Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.212 (b). Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

	Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. Upon review of the contract with the State Department of Corrections, the agency is responsible for meeting the requirements of PREA. The number of contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor the contractor’s compliance with PREA standards: 0. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.212(c). Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standards because: The facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract other entities to house their residents. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Preplanning Meeting (2022-2025) Staffing Schedule Interviews: Director or Designee PREA Coordinator Findings (By Provision): 115.213(a). For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. Compliance Determination: The facility has demonstrated compliance with this provision of the standards because: As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 95. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 132. APT Policy Statement: the APT Foundation maintains a staffing pattern that meets all regulatory requirements for a ASAM Level III.5 facility. The facility is staffed 24

	hours per day with males and females housed in separate areas of the building for both dormitory and clinical programming. There is no opportunity for mixing of genders while at the facility. The facility maintains video surveillance capability with plans to update and expand this capability. The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines the minimum number of staff that should always remain on the floor. The minimum staff requirements can never be deviated from, so the staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision. The Staffing Matrices are established by the funding source however the funding source is open to suggestions based on the agency's on-going assessments of their needs. The staffing matrix is submitted every year. If the agency/facility has changes to recommend, the funding agency does consider the justifications for the requests. The facility provided a layout of the entire facility and location of residents. Site Review: During the site review, it was observed that several staff members were present in the housing areas. The men and women are in separate housing areas. No male staff work in the female housing area. The office setup allows staff to directly observe the hallway, several room doors, and the bathroom door. Each shift always includes at least one staff member in the housing area The staff have camera observation via their computers. Additional administrative staff are onsite in the administrative area which is adjacent to the resident housing area. The facility had signs located in restrooms or door areas where residents are not allowed. Residents' ability to access the administrative area has signage indicating that they must knock and seek staff permission to enter the area. Residents have to be supervised at all times in the administrative area. Observations of the room checks revealed that these checks are conducted every hour. Female staff announced their presence upon entering the housing area by knocking on the door and informing the occupants about the room check and female entry. The room checks are performed hourly and documented accordingly. When inspecting the bathroom, staff inquired about the occupants and did not enter the bathroom without confirmation.

	Multiple cameras were strategically installed in all hallways, the direct care staff office, kitchenette, and TV room. The auditor inspected the cameras to confirm their functionality and assess the field of view provided by the camera system. Informal conversation with the residents and two residents reported that they feel safe, and that staff is present at all times. Interviews PREA Coordinator: The staff interviewed reported that the physical layout of the facility is generally fixed. The Agency consistently works with the facility for improvements to the residents' experience and compliance on all levels of regulation. This is an ongoing process, with at least an annual formal review as part of the annual planning for the facility. The APT Foundation continuously reviews the complexity of the resident population. If at any time a need is identified, we would review the specific area identified, be it staffing, monitoring, training, and/or policy revision. A formal review occurs annually as part of the facility review process, including needs and staffing. The Agency completes an annual management plan, which includes a formal review of PREA-qualifying events. This information is trended over history at least five years and is reviewed by organizational leadership and the Board of Directors annually. The Agency and the Facility leadership attempt to be proactive and address identified needs at the time of identification to be proactive to needs identified before an issue occurs. Director – The interviewed staff reported that Staffing plans are assessed for resident sexual safety by looking at the layout of the facility, the camera set up and staffing levels. We have clinical staff and direct care staff available throughout the day. Cameras are monitored and unannounced site visits occur to monitor. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.213(b). In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. Compliance Determination: The facility has demonstrated compliance with this provision of the standards because: As reported in the PAQ, there were no deviations to the staffing plan. The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines the minimum number of staff that should always remain on the floor. The minimum staff

	requirements can never be deviated from them so the staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision. The Staffing Matrices are established by the funding source however the funding source is open to suggestions based on the agency's on-going assessments of their needs. The staffing matrix is submitted every year. If the agency/facility has changes to recommend, the funding agency does consider the justifications for the requests. Interviews Director or Designee – The interviewed staff reported that the facility documents all instances of noncompliance with the staffing plan. It was further reported that there were no incidents of noncompliance. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.213(c). Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels. Compliance Determination: The facility has demonstrated compliance with this provision of the standards because: As reported in the PAQ, at least once every year the facility reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. Preplanning Meeting (2022-2024): provides documentation of the agency's annual review of the staffing plan. The meeting discussed staff needs, video and camera monitoring systems, and a wish list of resources needed. The plan also documented involved parties. Interviews

	PREA Coordinator – The interviewed staff reported that the staffing plan is reviewed annually. The staffing plan is reviewed annually and as the PREA Coordinator, I participate and am consulted with development of the plan. This typically occurs as part of the annual budget planning process where staffing levels are discussed as well as any facility needs, which would include PREA needs in both areas. Facility leaderships are encouraged to report needs on an ongoing basis throughout the year as they are identified. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Limits to Cross Gender Viewing and Searches PREA Training PPT (see 115.231) PREA Training Staff Sign Off (see 115.231) Interviews: Resident Interview Questionnaire (16) Random Sample of Staff (12) Compliance Determination by Provisions and Corrective Actions:

	115.215 (a). The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents did not involve exigent circumstances or were performed by non-medical staff: 0 The facility does not conduct strip searches or body cavity searches at all. Staff are prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors, and the showers have stalls and curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents’ living areas and their privacy. There have been no strip search or body cavity searches, and these are prohibited, nor have there been any searches involving “touch.” Residents have privacy while changing clothing because of the doors in their rooms. Policy requires Residents and staff to be subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched. It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or Resident, even in exigent circumstances. APT Policy Statement: The APT Foundation does not conduct strip search and body cavity searches. APT Policy Statement: There have been no strip searches conducted at the facility during the past 12 months. The facility does not conduct body cavity searches. APT Policy Statement: There was no strip searches conducted at the facility during the past 12 months. Strip searches, when indicated and directed, only occur from a member of Medical Services. APT Policy Statement: There are no cross-gender pat-down searches for any person returning to the facility from community or other external appointments or visits. Pat-down searches are only conducted by a staff person of the same gender. ATP Policy Statement: All pat downs are to occur in the designated area prior to entering the living and programming area in each unit and must occur in full camera view. Conducting a pat-down outside of these parameters are grounds for disciplinary actions up to and including termination.

	APT Policy Statement: All pat downs are to occur as trained by facility leadership as recommended by CSSD in non-invasive manner. Site Review: The auditor observed the area in which pat down searches are conducted. The site does not conduct strip searches however resident are pat searched when entering the facility. Residents first go through a medal detector. The staff requests the residents to take off shoes and to empty their pockets. A male staff will conduct the pat down search The auditor asked two residents who were being searched how female staff search them and it was reported that the female staff will just have them empty their pockets or wand them; however, they do not touch them. Informal conversation with the female residents stated that male staff do not search them. Informal conversation with a staff conducting the search also stated that there is always a male staff on duty and that the female staff will not pat search a male resident. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.215 (b). As of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 residents). It further states that the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. APT Policy Statement: Female residents maintain the same rights to programming and offsite visits as male residents.

	Interviews Random Sample of Staff – The interviewed staff reported that only female staff work on the female housing unit. Resident Interview Questionnaire (Female Residents)- All of the interviewed female staff reported that they have never been restricted from participating in any activities. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.215 (c). The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: N/A-the facility does not conduct cross-gender strip searches or visual cavity searches. APT Policy Statement: The APT Foundation has utilized training provided by the State of Connecticut Court Support Services Division for the purpose of conducting pat-downs for return to the facility. These searches are designed to respect the dignity in a professional and respectful manner for all persons. (Also see (b)-1 above). Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.215 (d). The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall 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.

	Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures 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. APT Policy Statement: All residential quarters of APT Foundation Residential Services are staffed by members of the same gender. APT Residential Services does not permit same-gender staff to enter or observe bedrooms and toilet/shower facilities without out announcing their presence first. These visits typically correlate to hourly counts as required by regulation or an emergency situation. Site Review: During the site review, it was observed that several staff members were present in the housing areas. The men and women are in separate housing areas. No male staff work in the female housing area. The office setup allows staff to directly observe the hallway, several room doors, and the bathroom door. Each shift always includes at least one staff member in the housing area The staff have camera observation via their computers. Additional administrative staff are onsite in the administrative area which is adjacent to the resident housing area. The facility had signs located in restrooms or door areas where residents are not allowed. Residents' ability to access the administrative area has signage indicating that they must knock and seek staff permission to enter the area. Residents have to be supervised at all times in the administrative area. Observations of the room checks revealed that these checks are conducted every hour. Female staff announced their presence upon entering the housing area by knocking on the door and informing the occupants about the room check and female entry. The room checks are performed hourly and documented accordingly. When inspecting the bathroom, staff inquired about the occupants and did not enter the bathroom without confirmation. Multiple cameras were strategically installed in all hallways, the direct care staff office, kitchenette, and TV room. The auditor inspected the cameras to confirm their

	functionality and assess the field of view provided by the camera system. Informal conversation with the residents and two residents reported that they feel safe, and that staff is present at all times. Interviews Resident Interview Questionnaire – The interviewed residents reported that female staff announce their presence when entering the housing area. The residents also reported that the staff will knock on the door prior to making the announcement. It should be noted that male staff do not go on the female wings. All of the interviewed residents reported that they are never naked in full view of opposite gender staff. Random Sample of Staff – The interviewed staff reported that opposite gender staff announce themselves when entering the housing area. It was further reported that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. Several staff reported that they will obtain permission first before entering the rooms Correction Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.215 (e). The facility shall 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, it may be determined 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. There were zero reported searches that occurred in the last 12 months. APT Policy Statement: The APT Foundation does not conduct strip search and body cavity searches. Interviews Random Sample of Staff – The interviewed staff reported that they are prohibited

	from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Transgender/Intersex Residents – The interviewed residents reported that they have not been inappropriately searched. Corrective Actions: Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.215 (f). The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, 0% of staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional manner with security needs. Said searches are not allowed as the facility only conducts noninvasive searches. APT Policy Statement: The APT Foundation has utilized training provided by the State of Connecticut Court Support Services Division for the purpose of conducting pat-downs for return to the facility. These searches are designed to respect the dignity in a professional and respectful manner for all persons. (Also see (b)-1 above). Interviews Random Sample of Staff – All of the interviewed staff reported that they have received training on how to conduct cross gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner. When probed, some of the staff could not recall the details regarding searching a transgender resident. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Residents with Disabilities and Resident who Have Limited English Proficiency Resident Handbook (Spanish) Boostlingal Corrective Action: Interviews: Agency Head Residents (with disabilities or who are limited English proficient) (7) Random Sample of Staff (12) Findings (By Provision): 115.216 (a). The agency shall take 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 agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions

	that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. APT Policy Statement: The APT Foundation's Residential Services Division is an ASAM level III.5 residential facility that requires a minimum of 20 hours per week of counseling services. The majority of these clinical hours are provided in a group counseling format. This comprehensive level of service may exclude program admission for persons with certain disabilities or who are unable to speak English or Spanish. The APT Foundation recognizes that persons served may have limited reading comprehension in either English or Spanish and is prepared to accommodate these individuals through direct reading of relevant consents, including PREA, and direct query of comprehension. Contracts for Interpreter Services: The facility does not have a contract for interpreter services (boostlingal) Written Material: the facility has a Resident Handbook readily available for its most 2nd common spoken language of Spanish. Staff Training in the PREA Training (115.231) staff receive training on collaborating with residents with disabilities and LEP Site Review: The auditor assessed the facility's process for securing interpretation services on-demand. The auditor contacted the language line and determined that the services worked properly. It should be noted that residents have their own cellphones to use as well. Residents do not have to self-identify when using the language line. The line only requires an agency code to access interpretation services. The services were available immediately upon call and request. Due to the cost of accessing interpretation services, the language line has to be set up with the Director; however, residents have immediate access to multiple bilingual staff to immediately interpret the most common language of Spanish. The auditor utilized staff interpreters during the interview process.

	Interviews Agency Head – The interviewed agency head reported that the facility is an intensive clinical treatment program requiring prior authorization for services. We are required to provide a minimum of 20 clinical treatment hours, mostly group counseling services. To be deemed eligible for services, a person's disability should not prevent a person from gaining full benefit from the intensive treatment programming required by the level of care and State funding requirements. The State has other programming available for persons with disabilities that would be less intensive and more appropriate for their care and treatment. Residents (with disabilities or who are limited English proficient) – There was four resident who was disabled and three LEP that were interviewed. All of the interviewed residents reported being provided information about sexual abuse and sexual harassment in a manner they could understand. Staff were helpful, and information was provided in a manner of which could be understood. The LEP residents reported that there was a staff interpreter. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.216 (b). The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. APT Policy Statement: The APT Foundation Residential Services Division provides PREA education through a variety of forums, including discussions at Group and Individual counseling sessions. This should permit individuals with limited English proficiency the opportunity to understand our desire to prevent, detect, and respond to sexual abuse and harassment. Contracts for Interpreter Services: The facility does not have a contract for

	interpreter services, but it has access to said services through Boostlingo, an online interpretation service. Written Material: Staff are expected to complete an online training requirement that addresses mandatory reporting requirements, working with Limited English Proficient Residents, Improving Cultural Competencies for Behavior Health Professionals Training. PREA Training: The PREA training material as discussed in standard 115.231 addresses working with vulnerable populations. Site Review (same as a). Interviews Residents (with disabilities or who are limited English proficient) – There was four resident who was disabled and three LEP that were interviewed. All of the interviewed residents reported being provided information about sexual abuse and sexual harassment in a manner they could understand. Staff were helpful, and information was provided in a manner of which could be understood. The LEP residents reported that there was a staff interpreter. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.216 (C). The agency shall 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 under § 115.264, or the investigation of the resident's allegations. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency policies prohibit other use of resident interpreters, resident readers, or other type 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 residents’ allegations. Furthermore, the agency or facility does not document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. As reported by the facility, this practice is not allowed. 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: 0. APT Policy Statement: The APT Foundation Residential Services Division has staff that is proficient in both English and Spanish. The APT Foundation does not rely on interpreters from the client population, except during times of emergency. Emergency interpretation would be provided by online interpreting service in the presence of an APT Foundation staff person. The interpreter would not be onsite. There were no identified or documented circumstances when resident interpreters, readers, and other resident assistants were used. Interviews Random Sample of Staff – All of the interviewed staff reported that they have never seen the agency allow resident to serve as interpreters for each other. Most staff stated that they would access an interpreter if needed. Residents (with disabilities or who are limited English proficient) – There was four resident who was disabled and three LEP that were interviewed. All of the interviewed residents reported being provided information about sexual abuse and sexual harassment in a manner they could understand. Staff were helpful, and information was provided in a manner of which could be understood. The LEP residents reported that there was a staff interpreter. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis, it has been determined that the facility is compliant with the standard.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Hiring and Promotion Decisions Research Services Background Data Searches List of New Hire Staff Corrective Action Personnel File (new hires): · Pre-employment questionnaire · Background Check · Prior Institutional Reference Check 5-year background checks Interviews: Administrative (Human Resources) Staff Findings (By Provision): 115.217 (a). The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency policy does not prohibit hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 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 It has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2). APT Policy Statement: The APT Foundation does not hire any individual or utilize contracting services that has engaged in sexual abuse in a prison, jail, lockup, community confinement center, or other institution. APT Policy Statement: The APT Foundation will not hire any individual or utilize a contractor that has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied treats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. APT Policy Statement: The APT Foundation will not hire any individual or utilize a contractor that has been civilly or administratively adjudicated to have engaged in the activity above. Corrective Actions: Employee Records: Files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. Documentation was not provided therefore the auditor could not assess for compliance. Ø Corrective Action: The requested documentation was provided and in compliance with the provision of the standard. No further action is required. 115.217 (b). As reported in the PAQ, the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation will consider any incidents of sexual harassment in determining whether to hire or promote an individual or enlist the services of any contractor that may have contact with a client at APT Residential Services. Interviews Administrative (Human Resources) Staff – All background checks are thoroughly reviewed prior to the hire of any new employee, contractor, or student/intern. The APT Foundation does not differentiate the different categories, and all undergo the same background checks and orientation, which includes PREA. It should be noted that all persons employed by the agency, regardless of working in the Residential

	facility, undergo PREA training. We do this as best practice considering client movement between different APT Foundation facilities. The APT Foundation would absolutely consider prior incidents of sexual harassment as a relevant matter when considering promotion within the agency. Corrective Actions: HR: Pending Interview. Interviews completed. No further action needed. 115.217 (c). Before hiring new employees, who may have contact with residents, the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) 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. APT Policy Statement: The APT Foundation conducts background checks of new employees who have contact with clients at APT Residential Services, including offenses that are specific to sexual abuse. The APT Foundation also conducts reference checks with prior employers prior to hiring. The reference checks for potential employees with prior institutional employment will include inquiry about involvement in sexual abuse or resignation during an investigation, although many agencies place restrictions on the information permitted to be disclosed during a reference check. If an institution refuses to report this information, the request shall be documented. The agency uses Research Services Background Data Searches to conduct the background checks. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 18. Interviews Administration (Human Resources Staff): The APT Foundation utilizes the services of Research Services. Research Services search nationwide criminal databases as well as various governmental repositories as part of the background investigation. This includes nationwide sex offender registry and global sanction lists. This very

	comprehensive list includes all relevant areas of interest based on the services provided by the agency, including PREA. Corrective Actions: Employee Records: Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.217(c). Documentation was not provided therefore the auditor could not assess for compliance. Ø Corrective Action: The requested documentation was provided and in compliance with the provision of the standard. No further action is required. HR: Pending Interview. Interview completed. No further action needed. 115.217 (d). The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency policy does not require that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 18. There are no contracted staff to review background checks. Interviews Administration (Human Resources Staff): The APT Foundation utilizes the services of Research Services. Research Services search nationwide criminal databases as well as various governmental repositories as part of the background investigation. This includes nationwide sex offender registry and global sanction lists. This very comprehensive list includes all relevant areas of interest based on the services provided by the agency, including PREA. Corrective actions: HR: Pending Interview. Interview completed. No further action needed. 115.217 (e). The agency shall 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. Compliance Determination:

	The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. The APT Foundation conducts periodic background checks on all staff employed at the APT Foundation and with updates every five years, as indicated. The date of the last completed background check will be entered in the DATIS e3 Human Resources system for tickler system that will indicate pending background checks requiring update as well as any background checks that have expired and out of compliance. Interviews Administrative (Human Resources) Staff – The APT Foundation conducts the same Research Service criminal background checks at the time of hire and a minimum of once every five years. As noted in #2 above, the APT Foundation considers all persons regardless of employment status the same as a full employee of the facility/ agency. Corrective Actions: Employee Records: Documentation of background records checks of current employees and contractors at five-year intervals when applicable. Documentation was not provided therefore the auditor could not assess for compliance. Ø Corrective Action: The requested documentation was provided and in compliance with the provision of the standard. No further action is required. HR: Pending Interview. Interview completed. No further action needed. 115.217 (f). The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Interviews Administrative (Human Resources) Staff – Prior to hire, the APT Foundation asks the following questions: • Have you ever 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? • Have you ever 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 complainant did not consent or use unable to consent or refuse? • Have you ever been civilly or administratively adjudicated to having engaged in sexual abuse? Any positive finding in any of the above would require additional review of the applicant prior to determining whether to hire the individual. The form notes that material omission or false information provided would be grounds for termination. The form also notes that employees have an affirmative duty to disclose any such misconduct post hire. Affirmative duty to disclose to report previous misconduct is included in the pre-hire documentation process. Corrective Actions: HR: Pending Interview. Interview completed. No further action needed. Employee Records: Pre-employment Questionnaire. The auditor was not provided the documentation therefore the provision could not be assessed for compliance. Ø Corrective Action: The requested documentation was provided and in compliance with the provision of the standard. No further action is required. 115.217 (g). Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Compliance Determinations: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination. APT Policy Statement: The APT Foundation maintains a comprehensive compliance plan that includes material omissions, including prior misconduct of a PREA-qualifying event, or the provision of materially false information may be grounds for termination of employment from the APT Foundation. Corrective Actions: N/A. There are no corrective actions. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.217 (h). Unless prohibited by law, the agency shall 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.

	Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation typically only confirms dates of employment in requested reference checks. The APT Foundation will, however, report cases of substantiated sexual abuse for former employees who apply to another institutional employer. If the former employee is a licensed or certified employee, a report would be made to the applicable licensing or certifying board. Interviews Administrative (Human Resources) Staff – Although the APT Foundation typically limits disclosed information in requests from other agencies/institutions, the APT Foundation would comply with a request from an external source specific to PREA regarding substantiated allegations of sexual abuse or sexual harassment by the former employee that occurred during employment. Corrective Actions: Administrative (Human Resources) Staff – Interview completed. No further action needed. Prior Institutional Reference Checks: The auditor was not provided any documentation therefore could not assess for compliance. Ø Corrective Action: The requested documentation was provided and in compliance with the provision of the standard. No further action is required. Overall Findings: The auditor utilized a triangulation approach to determine compliance with the PREA standard, connecting PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviews with staff and residents, local and national advocates, and the online PREA Audit: Pre-Audit Questionnaire. Following the auditor's initial request, the facility provided the previously missing documentation necessary to assess all provisions of the standard. Upon review, the submitted materials aligned with facility practices and policy, substantiating compliance with the standard. The documentation, along with corroborating staff and resident interviews and observed practices, supports that the facility is now compliant.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Upgrades to Facilities and Technology Security system upgrade invoice Interviews: Agency Head Director Findings (By Provision): 115.218 (a). When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. APT Policy Statement: The APT Foundation has not acquired any new facilities or made any expansions or modifications to our existing facility during the past three years. Interviews Agency Head – The interviewed agency head reported that we designate or acquire a new facility, the agency shall consider how such technology may enhance the agencies' ability to protect residents from sexual abuse. For example, the current building where APT Residential Services is a substantial improvement in physical space from the standpoint ease of monitoring over the previous building where we were located. Director or Designee – The interviewed staff reported that the facility created another kitchen on the women's unit and that when making any modifications safety was taken into consideration. Corrective Actions:

	N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.218 (b). When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility has installed or updated a video monitoring system, electronic surveillance system, and other monitoring technology since the last PREA audit. The facility provided documentation of an invoice for the upgrades made to the video monitoring system (Security System Invoice). APT Policy Statement: The APT Foundation Residential Services Division has not upgraded video monitoring systems in several years. As part of the annual plan for the facility, consideration is given to areas that may potentially be identified as high-risk areas in the facility. The agency identified a need via planning for an increase in the number of cameras in the facility. Approximately 40 additional cameras were added. Interviews: Agency Head – The interviewed agency head reported that when installing new technology or a video monitoring system, the agency should consider how it may enhance the agencies' ability to protect residents from sexual abuse. The APT Foundation has made a considerable investment in monitoring technology for the facility. When we took the building over, we made an initial investment to improve the technology already present. The former owner of the building provided the same level of care we do. Since the initial investment, we have made two subsequent upgrades to the monitoring technology based on identified area for improvement through internal audit. Director or Designee – The interviewed staff reported that when installing new cameras or video monitoring technology the agency shall consider whether the enhancements could better protect residents from sexual abuse. It was further reported that they are always looking at ways to enhance the camera system and the cameras have recently updated. There were 20 more cameras added. Corrective Actions:

	N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Evidence Protocol and Forensic Medical Examinations Correspondence with State Police MOU Women and Families Center Interviews: Random Sample of Staff (12) Findings (By Provision): 115.221 (a). To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:

	As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Department of Corrections and State Police are responsible for conducting criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. APT Policy Statement: The APT Foundation shall utilize the services of the CT State Police for investigations of sexual abuse, particularly cases where physical evidence may be present. The APT Foundation will follow secure the crime scene; separate victim and perpetrator; and remain with the victim pending arrival of investigating authorities to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal investigations. Interviews Random Sample of Staff – The interviewed staff reported that the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse include remove the person from the area and get them to a safe location, do not touch anything, secure the scene, and make sure no one contaminates the evidence. When probed, some of the ways it was described that the evidence would not get contaminated includes no showering, brushing teeth or changing clothes. However, staff had a variety of responses to how and if they could manage evidence. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.221 (b). NA-there are no youth housed at the placement. APT Policy Statement: The APT Foundation does not provide services to minors. Any protocol, if established, and as appropriate, will be adapted from or otherwise based on the most recent edition of the US 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. 115.221 (c). The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be

performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

o The number of forensic medical exams conducted during the past 12 months: 0

o The number of exams performed by SANEs/SAFEs during the past 12 months: 0

o The number of exams performed by a qualified medical practitioner during the past 12 months: 0

APT Policy Statement: The APT Foundation shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) r Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The APT Foundation will document efforts to provide SAFEs and SANEs. The APT Foundation will utilize the Yale New Haven Health – Bridgeport Hospital Campus for SAFE or SANE medical evaluations,

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (d). The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may

	utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other mean. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. APT Policy Statement: The APT Foundation shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. The APT Foundation shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. APT Policy Statement: The APT Foundation will utilize the services of Women and Families Center for victim advocacy and supportive services following sexual assault. The Women and Families Center is located at 142 Temple Street, New Haven. The general number is: 203-235-9297. The sexual assault hotline is: 888-999-5545 (English) and 888-568-8332 (Spanish). The Women and Families Center serves females, males, and the LGBTQ population. All ages are eligible for services. An agreement with the Women and Families confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client's placement in at the facility. In addition, the facility provided email correspondence showing that the site is still in an active agreement. Interviews PREA Coordinator – The interviewed staff reported that there is a MOU with Women and Families Center. This occurs through the MOU with the Women and Families

Center. In all cases, a staff person from the APT Foundation will be made available to accompany the person for the purpose of providing emotional support and crisis invention. Our clinical staff are all master's prepared independently licensed clinicians with the knowledge to be of significant support throughout the process, be it initial examinations to making external referrals for ongoing supportive care. The MOU with the Women and Families Center was written specifically for the purpose of responding to a PREA event at the facility. The applicable PREA standards were considered in developing the MOU initially.

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (e). As reported in the PAQ, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

APT Policy Statement: As requested by the victim, the victim advocate, qualified agency staff member, qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. Both internal and external supportive services are available to the victim for the duration of the event, including long-term emotional support and treatment planning post-completion of treatment services at the facility.

An agreement with the Women and Families confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client's placement in at the facility. In addition, the facility provided email correspondence showing that the site is still in an active agreement.

Interviews

	PREA Coordinator – The interviewed staff reported that the APT Foundation strongly encourages a resident that may have a qualifying event to rely on a trusted staff person from the facility to accompany any service provided by an external provider, regardless of the type of service. The APT Foundation recognizes both external examination and other service can be stressful enough and the time following such a visit while back at the facility can be just as stressful and the reliance of a staff person on the facility can be particularly helpful in processing the resident's experience. Residents who Reported Sexual Abuse – There were no residents on site who reported sexual abuse during the onsite portion of the audit. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.221 (f). As reported in the PAQ, if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: To the extent that the APT Foundation itself is not responsible for investigating allegations of sexual abuse, the agency at the time of the request for assistance request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section Email correspondence with Connecticut State Police confirmed that the Connecticut State Police would conduct the criminal investigations. Official communication with the Connecticut State Police has verified that they will be responsible for conducting the criminal investigations. The auditor corresponded with the State Troopers who further reported that they conduct investigations at the community confinement sites across the state. Corrective Actions: N/A. There are no corrective actions for this provision. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.221 (g). Auditor is not required to audit this provision. 115.221 (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be 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. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Policies to Ensure Referrals of Allegations for Investigation Website: Policies - APT Foundation Interviews: Agency Head Investigative Staff Findings (By Provision): 115.222 (a). The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Compliance Determinations: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. In the past 12 months, the number of allegations resulting in an administrative investigation: 2. In the past 12 months, the number of allegations referred for criminal investigation: 0. APT Policy Statement: In the case of a sexual abuse incident, the APT Foundation shall secure the location of the incident from staff and other residents while tending to the urgent needs of the victim. 911 will be called to assist in the initial investigation with the referral source and CT State Police contacted as indicated. The APT Foundation will make every effort to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Interviews Agency Head – The interviewed agency head reported that the agency shall ensure that all allegations of sexual abuse or sexual harassment are investigated. The APT Foundation takes all incidents, whether PREA related or not seriously. They present the opportunity to review our practices and modify policy, provide additional training opportunity, and as indicated above, the opportunity to improve our facility.

	In considering this, the APT Foundation has a culture of reporting any event that occurs outside of the expected outcome. Our Director of Clinical Operations and PREA Coordinator have many years' experiences working in the field and program improvement. He is also an open member of the LGBTQ community. He takes this work seriously and fosters a culture where an incident is not necessarily a bad thing given the learning opportunity; they present to minimize future occurrences. The APT Foundation will conduct an administrative investigation of all incidents. This process begins immediately upon report. If a PREA qualifying event occurs at the facility with obvious evidence present, this will result in an immediate call to the CT State Police. Staff have training in protecting evidence, the person, and any evidence on the person until the CT State Police arrive. There are cases where reports are made after the fact, and evidence may no longer be present where an initial internal administrative review will commence and be later turned over to the CT State Police based on information gathered internally if it appears as though there are criminal charges warranted. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.222 (b). The agency shall have 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, unless the allegation does not involve potentially criminal behavior. The agency shall publish such a policy on its Web site or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Compliance Determinations: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. APT Policy Statement: In the case of a sexual abuse incident, the APT Foundation shall secure the location of the incident from staff and other residents while tending to the urgent needs of the victim. 911 will be called to assist in the initial

	investigation with the referral source and CT State Police contacted as indicated. The APT Foundation will make every effort to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Interviews Agency Head – The interviewed staff stated that The APT Foundation will conduct an administrative investigation of all incidents. This process begins immediately upon report. If a PREA qualifying event occurs at the facility with obvious evidence present, this will result in an immediate call to the CT State Police. Staff have training in protecting evidence, the person, and any evidence on the person until the CT State Police arrive. There are cases where reports are made after the fact, and evidence may no longer be present where an initial internal administrative review will commence and be later turned over to the CT State Police based on information gathered internally if it appears as though there are criminal charges warranted. Investigative Staff – The interviewed staff stated that all allegations are investigated. Criminal investigations are managed by an outside investigator. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.222 (c). If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Compliance Determinations: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation will refer all criminal investigations to the appropriate external body to conduct the investigation, including the CT State Police. This information is included on the APT Foundation’s website regarding sexual harassment and sexual abuse. APT Policy Statement: The CT State police are the preferred investigative unit for all potentially criminal allegations of PREA-related incidents by the State of Connecticut Department of Corrections (DOC) and the State of Connecticut Court Support Services Division (CSSD). The CT State Police maintain established policy regarding PREA investigations. Corrective Actions: N/A. There are no corrective actions for this provision.

	Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.222 (d). Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations. Auditor is not required to audit this provision. 115.222 (e). Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations. Auditor is not required to audit this provision. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis and upon review of additional documentation the site has met compliance with the standard.

115.231	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Employee Training PREA Training PPT Human Service Worker Handbook (Revised 3/24/2025) Corrective Action PREA Acknowledgement Signed-(electronic in the online LMS) PREA Refresher Training Interviews:

Random Sample of Staff (12)

Findings (By Provision):

115.231 (a). The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.
The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains 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. The agency trains 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.

APT Policy Statement: The APT Foundation provides training to all employees who have contact with residents in the following areas:

o (1) The APT Foundation’s zero tolerance policy for sexual abuse and sexual

	harassment o (2) The APT Foundation’s policies under sexual harassment and abuse in regard to prevention, detection, reporting, and response. o (3) The APT Foundation’s policy of the Resident’s rights to be free from sexual abuse and sexual harassment. o (4) The APT Foundation’s policy regarding the rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment incidents. o (5) The basic dynamics of sexual abuse and sexual harassment in residential facilities. o (6) The common reactions of sexual abuse and sexual harassment victims. o (7) How to detect and respond to signs of threatened and actual sexual abuse. o (8) How to avoid inappropriate relationships with residents; o (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents. o (10) How to comply with APT Foundation policy and relevant laws to mandatory reporting of sexual abuse to outside authorities. PREA Training PPT (PREA Staff Education): General presentation on the PREA standards. Interviews Random Sample of Staff – All of the interviewed staff reported that they received training on the above-mentioned elements. The staff reported that they received as a new hire and that they received a refresher recently. When probed the staff were able to describe various components of the training such as signs to look out for if someone is being victimized, and some of the common reactions of sexual abuse victims. Corrective Actions: Training Records: PREA Acknowledgement Signed. The documentation was not provided therefore the auditor could not assess for compliance. The facility shall provide the requested documentation. The facility provided documentation and verification of staff training. This included the training dates and name of staff. The facility utilizes a LMS and the training records are documented in an electronic system. No further action is required. 115.231 (b). Such training shall be tailored to the gender of the residents at the

	employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the training is not tailored to the gender of the residents at the facility. PREA Training PPT: General presentation on the PREA standards. APT Policy Statement: The APT Foundation training will be specific to gender, as indicated. Corrective Actions: Training Records: PREA Acknowledgement Signed. The documentation was not provided therefore the auditor could not assess for compliance. The facility shall provide the requested documentation. The facility provided documentation and verification of staff training. This included the training dates and name of staff. The facility utilizes a LMS and the training records are documented in an electronic system. No further action is required. 115.231 (c). All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, in between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually. APT Policy Statement: The APT Foundation maintains a single program that houses both male and female residents in separate, secure living and treatment spaces. Corrective Actions:

	Refresher Training Records: PREA Acknowledgement Signed. The documentation was not provided therefore the auditor could not assess for compliance. The facility shall provide the requested documentation. The facility provided documentation and verification of staff training. This included the training dates and name of staff. The facility utilizes a LMS and the training records are documented in an electronic system. No further action is required. 115.231 (d). The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. Corrective Actions: Training Records: PREA Acknowledgement Signed. The documentation was not provided therefore the auditor could not assess for compliance. The facility shall provide the requested documentation. The facility provided documentation and verification of staff training. This included the training dates and name of staff. The facility utilizes a LMS and the training records are documented in an electronic system. No further action is required. Overall Findings: The auditor uses a triangulation approach, connecting PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviews with staff and residents, local and national advocates, and the online PREA Audit: Pre-Audit Questionnaire to make determinations. Initially, the facility did not provide the requested documentation, and the auditor was unable to assess compliance with the standard. During the corrective action period, the facility submitted the necessary documentation, allowing for a complete review of all provisions of the standard. The submitted materials were consistent with observed practices, agency policy, and staff and resident interviews. Based on this comprehensive review, the facility has demonstrated compliance with the standard.

115.232	**Volunteer and contractor training**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Volunteer and Contractor Training Training Curriculum (same as 115.231) Interviews: Volunteer(s) or Contractor(s) who may have Contact with Residents Findings (By Provision): 115.232 (a). The agency shall ensure 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 0. It was further determined that there are only three volunteers who have contact with residents. APT Policy Statement: The APT Foundation typically does not utilize volunteers in our facilities. If volunteers and/or interns are utilized, they are required to participate in all agency training, including PREA, as a compensated employee. The APT Foundation maintains a facilities Department that performs regular and/or ongoing work within the facility. The Facilities Department is trained in PREA according to agency protocol. Contractors performing short-term and/or emergency repairs are advised of PREA upon entrance to the facility and typically work under supervision of an APT Foundation Facilities Department. Training Curriculum (same as 115.231) Interviews

	Volunteer(s) or Contractor(s) who may have Contact with Residents – The facility reported that there were no current volunteers or contractors. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.232 (b). 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. It was further reported that all volunteers and contracts receive the same training as employees. APT Policy Statement: All training provided by the APT Foundation is designed to meet the need of the target audience. APT Policy Statement: All persons, including volunteers and contractors are notified of the agency’s zero-tolerance policy regarding sexual abuse, sexual harassment, and informed how to report such incidents. Interviews: Volunteer(s) or Contractor(s) who may have Contact with Residents – The facility reported that there were no current volunteers or contractors. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.232 (c). The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

	Compliance Determination The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. APT Policy Statement: The APT Foundation maintains permanent records of all trainings providing, including PREA, which includes the participant's understanding of the training they participated in. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Resident Education PREA Script for New Intakes PREA Notice (English/Spanish) Resident Handbook 12 Month Roster

	Corrective Action: PREA Education (50) Interviews: Intake Staff Resident (16) Findings (By Provision): 115.233 (a). During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, 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 such incidents, and regarding agency policies and procedures for responding to such incidents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during the past 12 months who were given this information at intake: 676. APT Policy Statement: All clients entering the program are advised of our PREA policies, including zero tolerance policy of sexual harassment and abuse. They are also advised of reporting mechanisms while at the facility. This information is also posted throughout the facility as well as reviewed during treatment planning sessions. APT Policy Statement: Participation in PREA forums for clients is contained in documentation in the APT Foundation’s Electronic Health Record. APT Policy Statement: The APT Foundation’s PREA policies are available in multiple formats including posters throughout the facility and in the resident handbook provided to all clients at the time of admission to the facility. 12-month roster of residents: the auditor randomly selected residents from the 12-month roster. Resident Handbook: (pp. 21-22) of the resident handbook is utilized to educate residents on sexual abuse and sexual harassment. The handbook contains the following information:

	A. The APT Foundation maintains a zero-tolerance policy on sexual abuse or assault and actively identifies and monitors any resident who exhibits characteristics of being either a victim or a predator of sexual harassment and abuse. B. All staff, visitors, and contractors are aware of the APT Foundation policy. All complaints are fully investigated by the APT Foundation as well as the Connecticut State Police, as indicated by Federal law. C. You may ask questions regarding this policy at any time during your treatment and staff will follow-up with any questions during your first treatment plan review. D. Means of reporting of a possible PREA violation is posted throughout the facility. E. You may report the incident to any of the following: 1) Confide in a trusted staff person or supervisor at the facility. 2) Talk with a member of the medical staff at the facility. 3) Report the incident to the PREA Coordinator(s) of the APT Foundation at (203) 781-4600. They are: Bob Freeman, PREA Coordinator or Lynn Madden, President/ CEO of the APT Foundation. 4) Contact the APT Foundation's overnight/after-hours Supervisor at (203) 584-9447. 5) Externally, the APT Foundation maintains a comprehensive agreement to provide reporting and crisis services with the Women and Families Center. They maintain a 24-hour hotline at 203-235-4444. Male and Spanish speaking are available. Note: APT and the Women and Families Center will communicate regarding reports and services provided according to the comprehensive agreement for the purpose of collaboration of care and services. 6) Externally, if you are referred by either the Department of Corrections (DOC) or the Court Support Services Division (CSSD), you may also report directly to your referral source. F. The APT Foundation fully investigates all complaints of Sexual Harassment and Sexual Abuse and will involve either Local and/or State Police in any investigation, as indicated by nature of event. 1) RETIALIATION: All reports of a potentially PREA qualifying event are held in strict confidence. You may make any report without fear of retaliation by Staff, Residents, or other Persons at the facility. There are no consequences to an individual for filing a PREA-related complaint, unless it is later determined that a false complaint was filed solely with the intention of causing harm to another individual. If you believe you are being retaliated against, please speak immediately with any Supervisor at the Facility, or contact the APT Foundation's Resident's

	Rights Officer. 2) IMPORTANT: You should not report an incident of sexual abuse or harassment via the standard complaint and grievance boxes at the facility as those may not be checked on a daily basis. Please report utilizing the bulleted means noted above. Site Review: The auditor confirmed that there is a dedicated staff that conducts the intake. The auditor observed an intake The auditor assessed how the facility provides the necessary PREA information to all residents. The PREA education typically occurs on the first day of placement. The resident was brought into the intake office. The conversation was private and confidential. The intake worker covered how to report however a different staff went over the risk assessment. The staff that completed the risk assessment went into detail about PREA and what should be reported. The staff covered sexual safety and how to make a report. The auditor observed that the information provided is at a high school reading level. The staff had material available in English and Spanish. When asked if they had a limited English proficient person it was reported that they would access language line services or bilingual staff if necessary. The auditor utilized bilingual staff during the intake process. Staff are prepared to read written information out loud, if applicable, to make accommodation for persons confined in the facility when necessary. INTERPRETATION SERVICES The auditor assessed the facility's process for securing interpretation services. The auditor contacted the language line and determined that the services worked properly. Residents do not have to self-identify when using the language line. The line only requires an agency code to access interpretation services. The auditor utilized staff as interpreters during the interview process. During informal conversations with staff, it was reported that the agency has a bilingual case manager that is housed at another program onsite; along with several bilingual Spanish speaking staff onsite at the program. The staff were able to readily state that they would seek interpreter services if needed. Interviews: Intake Staff – The interviewed intake staff reported that the PREA screening is

	conducted on the first day the resident arrives. In order to ensure the residents, understand the information the staff verbally go over the documents, ask them if they understand and provide written material. The intake staff covers PREA education, and a clinical staff conducts the risk assessment. Resident Interview Questionnaire – All but two of the interviewed residents reported that when they first arrived at the facility there were given the rules against sexual abuse and sexual harassment. When probed the residents stated that the staff went over paperwork with them, and this occurred within the same day of placement. Corrective Actions: Intake records of residents entering the facility in the last 12 months (spot check). The information was not provided; therefore, the auditor could not assess for compliance. Log or other record corroborating that residents received information at intake (e.g., resident signatures). The information was not provided; therefore, the auditor could not assess for compliance. Ø Corrective action completed: The auditor received documentation of 50 residents' signatures indicating that the residents received PREA education upon intake. The documentation verified compliance with the provision of the standard. No further action is needed. 115.233 (b). The agency shall provide refresher information whenever a resident is transferred to a different facility. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from different community confinement facility during the past 12 months: 6. The number of residents transferred from a different community confinement facility, during the past 12 months, received refresher information: 0. It was further reported that this number is unknown as the site does not track. All residents receive the same intake no matter where they were previously. APT Policy Statement: PREA information is reviewed on an ongoing basis while in the program according to the schedule of treatment plan reviews completed for all residents while at the facility. Interviews Intake Staff – The interviewed staff reported that when residents are transferred from other sites, they will go over the intake packet with them to ensure they

	understand the information. The process is done the same, as all of the residents are transferred from another facility. The information is provided verbally, and residents are provided with a packet prior to signing acknowledgement of receipt. Resident Interview Questionnaire – The interviewed residents reported that they arrived at the facility within the last nine months. The residents either arrived from home or at another facility. Corrective Actions: Intake records of residents entering the facility in the last 12 months (spot check). The information was not provided; therefore, the auditor could not assess for compliance. Log or other record corroborating that residents received information at intake (e.g., resident signatures). The information was not provided; therefore, the auditor could not assess for compliance. Ø Corrective action completed: The auditor received documentation of 50 residents' signatures indicating that the residents received PREA education upon intake. The documentation verified compliance with the provision of the standard. No further action is needed. 115.233 (c). The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Resident PREA education is available in formats accessible to all residents, including those who are deaf. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills. APT Policy Statement: PREA policies are available to all people, regardless of comprehension or disability level including: (1) Limited English (2) Limited Hearing (3) Visually Impaired (4) Other Disability

	(5) Reading Comprehension Levels The core of APT Foundation services at the facilities is a regulatory requirement of 20 hours of group counseling sessions per week. Although the facility attempts to serve all persons requiring services, the APT Foundation may not be able ethically provide services to persons who are deaf or blind. The APT Foundation primary referral sources are aware of the group counseling requirement and will typically not refer individuals to this facility and will refer to more appropriate community-based providers. Resident Handbook: (pp. 21-22) of the resident handbook is utilized to educate residents on sexual abuse and sexual harassment. The handbook contains the following information: G. The APT Foundation maintains a zero-tolerance policy on sexual abuse or assault and actively identifies and monitors any resident who exhibits characteristics of being either a victim or a predator of sexual harassment and abuse. H. All staff, visitors, and contractors are aware of the APT Foundation policy. All complaints are fully investigated by the APT Foundation as well as the Connecticut State Police, as indicated by Federal law. I. You may ask questions regarding this policy at any time during your treatment and staff will follow-up with any questions during your first treatment plan review. J. Means of reporting of a possible PREA violation is posted throughout the facility. K. You may report the incident to any of the following: 7) Confide in a trusted staff person or supervisor at the facility. 8) Talk with a member of the Medical staff at the facility. 9) Report the incident to the PREA Coordinator(s) of the APT Foundation at (203) 781-4600. They are: Bob Freeman, PREA Coordinator or Lynn Madden, President/ CEO of the APT Foundation. 10) Contact the APT Foundation’s overnight/after-hours Supervisor at (203) 584-9447. 11) Externally, the APT Foundation maintains a comprehensive agreement to provide reporting and crisis services with the Women and Families Center. They maintain a 24-hour hotline at 203-235-4444. Male and Spanish speaking are available. Note: APT and the Women and Families Center will communicate regarding reports and services provided according to the comprehensive agreement for the purpose of collaboration of care and services. 12) Externally, if you are referred by either the Department of Corrections (DOC) or the Court Support Services Division (CSSD), you may also report directly to your

	referral source. L. The APT Foundation fully investigates all complaints of Sexual Harassment and Sexual Abuse and will involve either Local and/or State Police in any investigation, as indicated by nature of event. 1) RETIALIATION: All reports of a potentially PREA qualifying event are held in strict confidence. You may make any report without fear of retaliation by Staff, Residents, or other Persons at the facility. There are no consequences to an individual for filing a PREA-related complaint, unless it is later determined that a false complaint was filed solely with the intention of causing harm to another individual. If you believe you are being retaliated against, please speak immediately with any Supervisor at the Facility, or contact the APT Foundation's Resident's Rights Officer. 2) IMPORTANT: You should not report an incident of sexual abuse or harassment via the standard complaint and grievance boxes at the facility as those may not be checked on a daily basis. Please report utilizing the bulleted means noted above. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.233 (d). As reported in the PAQ, the agency maintains documentation of resident participation in PREA education sessions. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency maintains documentation of resident participation in PREA education sessions. APT Policy Statement: Participation in PREA forums for clients is contained in documentation in the APT Foundation's Electronic Health Record. PREA Brochure (English/Spanish): provided to residents at intake addressing how to report sexual assault, defining sexual abuse/harassment/voyeurism; your rights, help for victims and families, defining PREA, and contact information on how to report. Resident Handbook: As previously stated, the resident handbook provides information on the agency PREA policy for residents. 12-month roster of residents

	Corrective Actions: Intake records of residents entering the facility in the last 12 months (spot check). The information was not provided; therefore, the auditor could not assess for compliance. Log or other record corroborating that residents received information at intake (e.g., resident signatures). The information was not provided; therefore, the auditor could not assess for compliance. Ø Corrective action completed: The auditor received documentation of 50 residents' signatures indicating that the residents received PREA education upon intake. The documentation verified compliance with the provision of the standard. No further action is needed. 115.233 (e). In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. APT Policy Statement: The APT Foundation's PREA policies are available in multiple formats including posters throughout the facility and in the resident handbook provided to all clients at the time of admission to the facility. APT Policy Statement: PREA information is reviewed on an ongoing basis while in the program according to the schedule of treatment plan reviews completed for all residents while at the facility. Information is readily available through the resident handbook, PREA brochures and PREA Notices. Additionally, the postings are available in English and Spanish. Site Review: During the onsite inspection, the auditor observed PREA posters, resident handbooks, and PREA brochures throughout the common areas of all sites. Information was provided in English and Spanish. Additionally, information was provided in areas in which visitors could access. It should be noted that during informal conversation several residents reported that the information was just put up in the week prior to the onsite audit. The auditor actively observed various aspects of signage throughout the facility to ensure that crucial sexual safety information is effectively communicated to both staff and individuals confined in the facility. This involves assessing the readability, accessibility, accuracy, consistency,

	and placement of signage. 1. Readability and Accessibility: · The Signage language was clear and understandable. · Services- signage clearly outline available services and their purposes. · Signage was provided in English as well as translated into the other languages (Spanish) commonly spoken in the facility. · Text size, formatting, and physical placement accommodated most readers, including those with visual impairments or physical disabilities. 2. Accuracy and Consistency: · Information on signage was accurate and consistent throughout the facility. The auditor assessed the functionality, and the numbers provided. · Audit notices were relevant to the current audit, and contact information was consistent for service providers or organizations. 3. Placement: · Signage was placed in areas accessible to staff and individuals confined in the facility. · Key PREA information was continuously and readily available throughout the facility, including in staff dining areas, break rooms, multipurpose rooms, housing areas, etc. In addition to observation, the auditor engaged in informal conversations with both staff and individuals to gather insights regarding signage, including its readability, accessibility, consistency, and whether it is always available or only posted for audits. Information on victim advocacy and emotional support services was not readily available to the residents. While posters are in the facility the posters does not describe what the services are. Corrective Actions: Additional Key Information: the site shall provide a way to give residents information on what the victim advocacy and emotional support services entails. The site shall conduct a group with the current residents on the nature and scope of the victim advocacy and emotional support services and provide documentation that the residents received the information. Additionally, the auditor recommends that the handbook is updated to provide information on victim advocacy and emotional support, and the intake staff is trained to cover the information at intake. The facility shall provide documentation that the additional training and the update to the handbook occurred.

	Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. The facility did not provide the requested documentation; therefore, the auditor could not determine compliance with all of the provisions of the standard. The required documentation was provided. The facility is in compliance with the standard.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Specialized Training Investigations Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (6) PREA Training PPT (online NIC) Corrective Actions: Annual PREA Training Interviews: Investigative Staff Findings (By Provision): 115.234 (a). In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:

	As reported in the PAQ, the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Policy: Specialized Training Investigations provides agency policy on the requirement that investigators are trained in conducting sexual abuse investigations in confinement settings. Training Record (6) Interviews Investigative Staff – The interviewed staff stated that they have completed the NIC training courses called PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Coordinators' Roles and Responsibilities. The main purpose of the course is to assist agencies in meeting the requirements of the standard, which includes Interviewing techniques, Miranda and Garrity Protection, Victim Trauma, Investigation Procedures, Findings, Evidence collection, documentation and many other PREA Standards were covered. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.234 (b). Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (6). The purpose of this training is to ensure that agency investigators are fully equipped with the knowledge and skills necessary to conduct thorough, effective investigations of sexual abuse within confinement settings. This includes specialized training in interviewing techniques for sexual abuse victims, proper application of Miranda and Garrity warnings, evidence collection, and understanding the criteria for substantiating cases for administrative action or prosecution. Compliance with these standards is critical to maintaining the integrity of the investigation process and ensuring the safety and rights of all individuals in confinement. Interviews: Investigative Staff – The interviewed staff stated that they received training on the

NIC site, and it covered all of the above.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.234 (c). The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 3.

Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (6). The purpose of this training is to ensure that agency investigators are fully equipped with the knowledge and skills necessary to conduct thorough, effective investigations of sexual abuse within confinement settings. This includes specialized training in interviewing techniques for sexual abuse victims, proper application of Miranda and Garrity warnings, evidence collection, and understanding the criteria for substantiating cases for administrative action or prosecution. Compliance with these standards is critical to maintaining the integrity of the investigation process and ensuring the safety and rights of all individuals in confinement.

Corrective Actions:

Agency PREA Training: Agency PREA Training for staff was not provided. The facility shall provide documentation of the annual refresher PREA training for the investigation staff. The facility provided documentation of six staff who have completed specialized investigation training.

Ø The requested documentation was provided. No further action is requested.

115.234 (d). Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. Auditor is not required to audit this provision.

Overall Findings:

The auditor utilized a triangulation approach to assess compliance with the

	standard, incorporating a review of PREA-related facility documentation, agency policies, on-site observations, facility practices, staff and resident interviews, input from local and national advocates, and the online PREA Audit: Pre-Audit Questionnaire. Following the initial determination of non-compliance, the facility successfully completed corrective action. The facility provided documentation verifying that all individuals assigned to conduct investigations have completed agency-approved PREA investigator training in accordance with PREA Standard §115.34(c). The submitted training records confirm that the content aligns with agency policy and the requirements of the standard. Based on this additional documentation and verification, the facility is now in full compliance with the provision of the standard.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Specialized Training Medical and Mental Healthcare Specialized Training (79) Corrective Action: Annual PREA Training Interviews: Medical and Mental Health (3) Findings (By Provision): 115.235 (a). The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Compliance Determination:

	The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 15. The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 85. APT Policy Statement: The APT Foundation requires all clinical and medical staff providing care and evaluation services at the Facility undergo specialized training in Mental Health or Medical Care for Sexual Abuse victims. APT Policy Statement: The APT Foundation requires the training to be completed a minimum of once every 5 years for established employees. APT Policy Statement: The APT Foundation requires annual acknowledgement of APT Foundation PREA policy and procedures. APT Policy Statement: All APT Foundation Physician and Advance Practice Nurses, regardless of whether they are working in the Residential facility, receive annual training to the agencies PREA policies, including zero tolerance and reporting mechanisms. APT Policy Statement: The APT Foundation shall utilize the Yale New Haven Health – to complete forensic evaluations. Training Records (79) records were reviewed confirming staff completed the above training. Interviews: Medical and Mental Health Staff – Two of the interviewed staff reported that the received training online. The training covered all of the above elements. It should be noted that one member of staff reported that they could not recall receiving the training. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.235 (b). If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. Compliance Determination:

	The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency medical staff at this facility does not conduct forensic medical exams. Interviews: Medical and Mental Health Staff – The interviewed staff reported that they are not trained to conduct forensic examinations. Corrective Actions: Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.235 (c). The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff. APT Policy Statement: The APT Foundation maintains documentation of training. Training Records (79) records were reviewed confirming staff completed the above training. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.235 (d). Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:

	Corrective Actions: Training Records: the auditor was not provided the annual agency PREA training records for the medical and mental health staff; therefore, compliance could not be determined. The agency shall provide the auditor with the annual PREA training. Ø The requested documentation was provided. No further action is requested. Overall Findings: The auditor applied a triangulation approach to assess compliance with the standard, incorporating a review of PREA-related facility documentation, agency policies, on-site observations, facility practices, staff and resident interviews, input from local and national advocates, and responses from the online PREA Audit: Pre-Audit Questionnaire. While the initial assessment identified non-compliance due to the absence of documentation verifying that medical and mental health staff received PREA-specific training, the facility has since completed the required corrective action. The facility submitted comprehensive documentation confirming that all medical and mental health staff have successfully completed PREA training consistent with agency policy and the requirements outlined in the standard. Based on the auditor's review and verification of the submitted training records, the facility has demonstrated full compliance with the provision of the standard.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Screening for Risk of Victimization and Abusiveness Corrective Action: Risk Assessments (52) Risk Re-Assessments Revised Template

	Interviews: Staff Responsible for Risk Screening (1) Resident Interview Questions (16) PREA Coordinator Findings (By Provision): 115.241 (a). All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. APT Policy Statement: The APT Foundation conducts an initial screening for risk of sexual abuse victimization or sexual abusiveness prior to admission of the program. This screening is maintained in the client's electronic health record. Site Review: During the site review, the auditor observed that how to report PREA signage was posted throughout the facility in English and Spanish. The auditor verified the individuals responsible for conducting the risk screening, a critical step to ensure targeted interviews with the appropriate staff members. The clinical staff directly asked the resident the intake questions. Evaluation was conducted to ascertain whether the screening process occurred in an environment conducive to privacy, minimizing the risk of sensitive information exposure. This included ensuring screenings were conducted out of earshot of other staff and confined individuals not involved in the process. Screening staff's approach to questioning was analyzed to determine if it fostered a sense of comfort and encouraged open responses from the individuals undergoing screening. The clinical staff was patient and rearticulated, if necessary, the questions. The intake staff went over every question and explained when it was a "yes or no" or a question like "sometimes or always." Additionally, informal conversations were held with both staff and confined individuals during the risk screening process. These conversations provided valuable insights into various aspects of the screening process, including information collection methods, specifics of the screening tool, and the maintenance of privacy.

	Moreover, feedback was gathered regarding the comfort levels of confined individuals in answering questions during the screening process. Interviews Staff Responsible for Risk Screening – The interviewed staff reported that the risk of sexual victimization or risk of sexual abuse is done at intake. Intake is typically done immediately when a client arrives. Resident Interview Questionnaire – All but two of the interviewed residents reported that the facility they were asked questions like whether or not they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, bisexual, or whether they may be in danger of sexual abuse. When probed the residents reported that the questions were asked the same day or within a few days. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.241 (b). Intake screening shall ordinarily take place within 72 hours of arrival at the facility. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: According to the PAQ, the policy requires that residents be screened for risk of sexual victimization or risk of sexual abuse of other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 659. APT Policy Statement: All persons entering the facility have a completed behavioral health evaluation completed by a licensed professional (LCSW or LPC) within 72 hours of admission to the facility. The evaluation is maintained in the client’s electronic health record. Interviews Staff Responsible for Risk Screening – The interviewed staff reported that the risk of sexual victimization or risk of sexual abuse is done at intake. We know in advance when a resident is coming so intake typically happens immediately upon arrival. Resident Interview Questionnaire – All but two of the interviewed residents reported

	that the facility they were asked questions like whether or not they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, bisexual, or whether they may be in danger of sexual abuse. When probed the residents reported that the questions were asked the same day or within a few days. Corrective Actions: Sample of records for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. PREA Screening Risk Assessment. The requested documentation was not provided therefore compliance could not be determined. Ø Corrective Action Completed: The auditor reviewed documentation of 52 residents showing that the risk assessment was completed within 72 hours. 115.241 (c). Such assessments shall be conducted using an objective screening instrument. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility uses a risk assessment which is conducted using an objective screening instrument. PREA Screening Risk Assessment sample was provided. The auditor determined that the site uses an objective instrument. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.241 (d). The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; and (9) The resident's own perception of vulnerability Compliance Determination:

	The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The evaluation of sexual abuse and sexual harassment information is completed as part of the persons' developmental history in a 90791 psychiatric diagnosis interview. The evaluation contains the following elements: Whether the resident has a mental, physical, or developmental disability 1. The resident's age 2. The resident's build 3. Incarceration history 4. Criminal history 5. Prior convictions for sex offenses against an adult or child 6. The resident's current perception of their sexuality and gender identity 7. History of experiences of sexual victimization 8. Resident's perception of vulnerability, if applicable. PREA Screening Risk Assessment sample was provided. The auditor determined that the site uses an objective instrument covering the above-mentioned criteria. Interviews Staff Responsible for Risk Screening – The interviewed staff reported that the screening assesses the criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, sexual orientation, their perceived sexual orientation, safety, and perception of vulnerability. It was further stated that the staff verbally ask the questions to the residents. The staff interviewed reported that they are not responsible for the reassessments. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.241 (e). The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. Compliance Determination:

	The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation considers individuals who may have committed a prior act of sexual abuse; prior convictions for violent offenses; and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. This evaluation often occurs prior to admitting evaluation and completed collaboratively with the applicable referral source in each case. PREA Screening Risk Assessment has a section that addresses any prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse. Interviews Staff Responsible for Risk Screening – The interviewed staff reported that the screening assesses the criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, sexual orientation, their perceived sexual orientation, safety, and perception of vulnerability. It was further stated that the staff verbally ask the questions to the residents. The staff interviewed reported that they are not responsible for the reassessments. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.241 (f). Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the policy requires that the facility reassess each resident’s risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident’s arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant

	information received since intake: 492. APT Policy Statement: The facility follows up all assessments within the first 30 days to determine whether updates to information become necessary. Interviews Staff Responsible for Risk Screening – The interviewed staff reported that the initial screening occurs immediately upon intake, and they are not responsible for conducting the reassessment. Resident Interview Questionnaire – Only one of the interviewed residents could recall whether or not the staff have asked them the screening intake questions again since they have been here. It should also be noted that the majority of the residents recently arrived at the facility. Corrective Actions: Sample of records of initial assessment and reassessment for risk of sexual victimization or abusiveness. The facility did not provide documentation of the requested risk reassessment records; therefore, compliance could not be determined. Ø Corrective Action Completed: The audited facility adjusted the template to reflect a reassessment. Additional reassessments utilizing the enhanced tool was provided. With the utilization of the new tool, the facility is in compliance with the provisions of the standards. 115.241 (g). A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the policy requires that a resident’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. APT Policy Statement: A resident’s risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may change the risk level of the resident for either sexual victimization or abusiveness. Interviews Staff Responsible for Risk Screening -The staff interviewed reported that they are not responsible for reassessments.

	Resident Interview Questionnaire – Only one of the interviewed residents could recall whether or not the staff have asked them the screening intake questions again since they have been here. It should also be noted that the majority of the residents recently arrived at the facility. Corrective Actions: Sample of records of initial assessment and reassessment for risk of sexual victimization or abusiveness. The facility did not provide documentation of the requested risk reassessment records; therefore compliance could not be determined. Ø Corrective Action Completed: The auditor reviewed documentation of 52 residents showing that the risk assessment was completed within 72 hours. 115.241 (h). Residents may not be 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability. APT Policy Statement: Any client may refuse to answer questions (D-1, 7, 8, or 9) above in this section without discipline. Interviews Staff Responsible for Risk Screening – The interviewed staff reported that residents are not disciplined for refusing to answer any portions of the assessment tool. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.241 (i). The agency shall implement 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

	residents' detriment by staff or other residents. Compliance Determination The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: All information contained in the client electronic health record is limited on a "need to know" basis with an established audit mechanism in place to ensure unauthorized system access of confidential information. Site Review: The auditor observed the physical storage area where any hard copy information/ documentation collected and maintained pursuant to PREA Standards is stored. This includes documents such as risk screening information, medical records, and sexual abuse allegations. The objective was to determine if the storage area is adequately secure, utilizing methods such as key card access, locks, or other security measures. The auditor assessed the electronic safeguards in place for information/ documentation collected and maintained in a hard file. The active file is located in each individual caseworker's office. The storage file cabinet in the case workers office has a confidential sign on it and it remains locked. The site has a records closet that is locked, and the files are stored in a locked filling cabinet. This involved evaluating how access to the electronic information is secured, such as through password protection, access restriction to certain areas, or role-based security protocols. In addition to these assessments, the auditor engaged in informal conversations with staff members to gather information regarding access to secure information. Specifically, discussions centered on the storage and security measures for hard copy information, including medical and mental health files, sexual abuse, and harassment reports, etc. Key topics included the location, methods, and security protocols for storing information both electronically and in hard copy, as well as details regarding access restrictions and authorization procedures for personnel. Staff were able to show the auditor and clearly articulate the process of maintaining the files in a secure manner. Interviews Staff Responsible for Risk Screening – The interviewed staff reported that the assessment tools are kept in a case manager staff locked office. The clinical staff also have access to the information. PREA Coordinator - The staff interviewed reported that the core elements of the risk assessment are available only to clinical staff providing care to the individual. Patient care associates who monitor activity within the facility will not be aware of specific details other than the resident require additional risk monitoring, including any specific monitoring requirements, if indicated.

	Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor utilizes a triangulation approach to determine compliance with this standard by reviewing PREA facility documentation, agency policies, on-site observations, site review of the facility, facility practices, interviews with staff and residents, input from local and national advocates, and the online PREA Audit: Pre-Audit Questionnaire. Initially, the facility did not provide sufficient documentation to allow the auditor to determine compliance with this standard. As a result, compliance could not be assessed at that time. During the corrective action period, the facility submitted the required documentation, including completed risk screening forms, screening procedures, staff training records, and supporting policy materials. The documentation was reviewed and validated through staff and resident interviews and confirmed through on-site observations of screening procedures and file reviews.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Use of Screening Information Facility Layout Corrective Action Documents: Client Case Plan - 52 Transgender Client Assessment/Case Plan-4 Interviews:

	PREA Coordinator Staff Responsible for Risk Screening (1) Transgender/Intersex Resident (2) Findings (By Provision): 115.242 (a). The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: A reported in the PAQ, the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping those residents separate at high risk of being sexually victimized from those at high risk of being sexually abusive. APT Policy Statement: The APT Foundation utilizes information obtain during screening, evaluation, and updates, as indicated, to inform housing, bed, work, education, programming, and supportive services with the goal separate those clients at high risk of being sexually abused from those deemed at high risk for being sexually abusive. Interviews PREA Coordinator – The interviewed staff reported that The APT Foundation will develop a PREA Risk Plan for any person identified to be at risk of victimization or being sexually abusive. The Risk Plan restates the APT Foundation's zero tolerance policy, restates the reporting mechanisms available to report an event, and help guide the housing plan for the person to ensure persons are kept separate. We do try to place those deemed at risk of being sexually victimized closest to the Patient Care Associate stations to increase the frequency of monitoring safety. The PREA Risk Plan may also contain other elements, depending on the nature of the care. The Risk Plan is regularly reviewed as part of the treatment planning process to ensure effectiveness. The plan would be modified at any time, if indicated. Staff Responsible for Risk Screening – The interviewed staff reported that the information is used to ensure resident safety. We will make sure that if a resident is identified as a victim that they are not placed with a perpetrator. The information is used to determine services for clients. Corrective Actions: Documentation of use of screening information for this purposes/documentation of how decisions are made pursuant to the standard: Documentation of a case plan or

	the necessary agency documents to show how the information from the risk assessment is used to make programming, placement and housing decisions. The auditor will select the resident files to assess this information. Ø Corrective Action Completed: The auditor reviewed documentation of 52 residents showing that the risk assessment along with a comprehensive treatment plan was completed within 72 hours. The plan addresses any identified risk and needs, programming, placement and housing decisions. 115.242 (b). The agency shall make individualized determinations about how to ensure the safety of each resident. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency/facility makes individualized determinations about how to ensure the safety of each resident. APT Policy Statement: All decisions made by the APT Foundation regarding a client's care and treatment are individualized to ensure safety. These decisions are discussed with the agency's LGBTQ liaison (Director of Clinical Operations) and/or the President/CEO of the APT Foundation. Interviews Staff Responsible for Risk Screening – The interviewed staff reported that the information is used to ensure resident safety. We will make sure that if a resident is identified as a victim that they are not placed with a perpetrator. Corrective Actions: Documentation of use of screening information for this purposes/documentation of how decisions are made pursuant to the standard: Documentation of a case plan or the necessary agency documents to show how the information from the risk assessment is used to make programming, placement and housing decisions. The auditor will select the resident files to assess this information. Ø Corrective Action Completed: The auditor reviewed documentation of 52 residents showing that the risk assessment along with a comprehensive treatment plan was completed within 72 hours. The plan addresses any identified risk and needs, programming, placement and housing decisions. 115.242 (c). In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Compliance Determination:

	The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. APT Policy Statement: The APT Foundation makes housing and program assignments on a case-by-case basis for individuals who may be transgender or intersex. Interviews PREA Coordinator – The interviewed staff reported that the facility makes these decisions on a case-by-case basis and the PREA Coordinator is always consulted and considered a vital part of the planning process. The resident's preference is always considered. Other factors include where an individual is in the transition process and the general acceptance level of the community. Genital search is NEVER a part of this planning process. The agency has a history of effective care of transgender and intersex persons and is often considered a primary referral source given our established ability to treat these individuals. The APT Foundation is committed to providing a safe environment for both residents and our staff. We do receive profiles on the persons being referred to by the criminal justice system and they are reviewed prior to acceptance into the facility. Transgender/Intersex Residents – The identified transgender/intersex resident reported that staff asked about their safety. There was no specific housing, but the resident reported being placed in a single room. Corrective Actions: Transgender Risk Assessment and Case Plan: the facility shall provide documentation of the transgender residents housed at the facility in the last 12 months. The documentation shall include the risk assessment and case plan. Ø Corrective Action Completed: The auditor reviewed documentation of 4 residents showing that the risk assessment along with a comprehensive treatment plan was completed within 72 hours. The plan addresses any identified risk and needs, programming, placement and housing decisions. 115.242 (d). A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the placement and program assignment of transgender and intersex residents are reassessed every six months to review any threats to safety experienced by the resident. It should be noted that there were no transgender or

	intersex residents housed at the facility during the audit period. APT Policy Statement: A transgender person or intersex resident's views with respect to his or her own safety shall be given serious consideration Interviews PREA Coordinator – The interviewed staff reported that residents who identify as transgender or intersex views discussed when making all decisions about their personal safety. Staff Responsible for Risk Screening – The interviewed staff reported that a transgender person or intersex residents own vies of his or her own safety would be given consideration and re-consider all housing/bed assignments. Transgender and Intersex Residents – The identified transgender/intersex resident reported that staff asked about their safety. There was no specific housing, but the resident reported being placed in a single room. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.242 (e). Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Transgender and intersex residents are able to shower separately from other residents. Audit Site Review: When conducting the onsite inspection there was no indication that the site had separate living units for transgender or intersex residents. Interviews PREA Coordinator – The interviewed staff reported that whenever possible, transgender, and intersex residents might be given a room that has a private shower space. In these cases, the room may be shared but the bathroom/shower space is separate with locking capability. If private space is not available, APT Foundation staff will collaborate with the resident and dedicate a separate time for showering and ensure other persons do not enter the shower room while they are present.

	Staff Responsible for Risk Screening – The interviewed staff reported that a transgender person or intersex residents own vies of his or her own safety would be given consideration and re-consider all housing/bed assignments. Transgender/Intersex Residents – The identified transgender/intersex resident reported that staff asked about their safety. There was no specific housing, but the resident reported being placed in a single room. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.242 (f). The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation does not restrict housing for LGBTQ residents to separate, dedicated wings in the facility. All LGBTQ residents are fully integrated into the housing and clinical programming of the facility. Documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard. Interviews PREA Coordinator – The interviewed staff reported that the APT Foundation is not under any consent decree, legal settlement, or legal judgment in any area of our operations. The APT Foundation does not segregate in any means. All persons are integrated into the respective unit, typically according to referral source. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings:

	The auditor applied a triangulation approach to determine compliance with PREA Standard §115.242, reviewing PREA-related facility documentation, agency policies, on-site observations, site review of the facility, facility practices, staff and resident interviews, input from local and national advocates, and responses from the online PREA Audit: Pre-Audit Questionnaire. Initial findings indicated that the facility did not meet the requirements of the standard due to the absence of specific documentation necessary for compliance determination. As part of the corrective action process, the facility submitted the required documentation, which included evidence demonstrating compliance with all components of Standard §115.242. Upon review and verification of the corrective action materials, the auditor confirms that the facility has taken the necessary steps to address the deficiency and is now in full compliance with the standard.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Resident Reporting Poster: PREA Reporting Mechanism MOU Women and Families Center Interviews: Random Sample of Staff (12) Resident Interview Questionnaire (16) Findings (By Provision): 115.251 (a). The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or

	violation of responsibilities that may have contributed to such incidents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. APT Policy Statement: The APT Foundation maintains multiple means for privately reporting sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This notification process and contact numbers are included in posters throughout the facility and in the Resident Handbook. Resident Poster: Resident Handbook: The Resident Handbook is provided to the residents at intake. The resident handbook addresses the following information: A. The APT Foundation maintains a zero-tolerance policy on sexual abuse or assault and actively identifies and monitors any resident who exhibits characteristics of being either a victim or a predator of sexual harassment and abuse. B. All staff, visitors, and contractors are aware of the APT Foundation policy. All complaints are fully investigated by the APT Foundation as well as the Connecticut State Police, as indicated by Federal law. C. You may ask questions regarding this policy at any time during your treatment and staff will follow up with any questions during your first treatment plan review. D. Means of reporting of a possible PREA violation is posted throughout the facility. E. You may report the incident to any of the following: 1) Confide in a trusted staff person or supervisor at the facility. 2) Talk with a member of the medical staff at the facility. 3) Report the incident to the PREA Coordinator(s) of the APT Foundation at (203) 781-4600. They are Bob Freeman, PREA Coordinator or Lynn Madden, President/CEO of the APT Foundation. 4) Contact the APT Foundation’s overnight/after-hours Supervisor at (203) 584-9447.

	5) Externally, the APT Foundation maintains a comprehensive agreement to provide reporting and crisis services with the Women and Families Center. They maintain a 24-hour hotline at 203-235-4444. Male and Spanish speaking are available. Note: APT and the Women and Families Center will communicate regarding reports and services provided according to the comprehensive agreement for the purpose of collaboration of care and services. 6) Externally, if you are referred by either the Department of Corrections (DOC) or the Court Support Services Division (CSSD), you may also report directly to your referral source. F. The APT Foundation fully investigates all complaints of Sexual Harassment and Sexual Abuse and will involve either Local and/or State Police in any investigation, as indicated by nature of event. 1) RETIALIATION: All reports of a potentially PREA qualifying event are held in strict confidence. You may make any report without fear of retaliation by Staff, Residents, or other Persons at the facility. There are no consequences to an individual for filing a PREA-related complaint, unless it is later determined that a false complaint was filed solely with the intention of causing harm to another individual. If you believe you are being retaliated against, please speak immediately with any Supervisor at the Facility, or contact the APT Foundation's Resident's Rights Officer. 2) IMPORTANT: You should not report an incident of sexual abuse or harassment via the standard complaint and grievance boxes at the facility as those may not be checked on a daily basis. Please report utilizing the bulleted means noted above. Site Review: The audit process involved a detailed review of various activities related to reporting mechanisms, mail processes, and record storage, as outlined below: o The auditor conducted a test report submission via the facility's reporting system (phone system/computers) during the site review, ensuring alignment with the process available to residents. It should be noted that residents have access to site phones and their own personal phones. o The reception of the test report by the facility was assessed, and evidence of receipt was requested and reviewed. o Accessibility and functionality of the electronic reporting devices were evaluated, including their availability, accommodations for different needs, privacy measures, and operational status. Additionally, informal discussions were held with both staff and residents regarding electronic reporting procedures, including access, accommodations, operational status, and anonymity considerations. o Informal conversations were conducted with confined individuals to ascertain

	their awareness of the option to make verbal reports and the process for doing so. o Discussions with staff members were held to determine their understanding of the procedures for receiving and documenting verbal reports. o Accessibility and security of writing instruments for residents were assessed, along with the observation of how mail moves within the facility, including via mail drop boxes or staff. Informal conversations took place with staff involved in mail processes regarding the privacy, confidentiality, and accessibility of mail procedures. Residents utilize the postal service mail process. The physical storage area of hard copy documentation, including risk screening information and medical records, was observed to determine its security. During the site review, the auditor observed the facility's signage regarding PREA Audit Notices, which were prominently displayed throughout the premises, ensuring visibility to staff, residents, and visitors alike. These notices were strategically posted in living units, common areas, facility entrances, visitation areas, and staff break areas. The information provided on these notices was presented in both English and Spanish, ensuring accessibility to a diverse audience, and was legible. Furthermore, the auditor noted that the facility's signage regarding access to outside confidential emotional support services was not similarly well-distributed, with postings in all areas frequented by residents, including housing/living units. The facility had signage regarding domestic violence services. Additionally, signage regarding reporting procedures for sexual abuse and/or sexual harassment, both internally and externally, was observed in residents' housing/ living units, programming areas, and visitation areas. Again, the information was presented bilingually and was clearly legible. Moreover, during the site review, it was observed that the facility provides residents with access to writing instruments, paper, and forms for reporting purposes. Additionally, residents have access to stamps and envelopes. The auditor also evaluated the facility's reporting systems for residents, noting that residents can report incidents of sexual abuse and/or sexual harassment through the internal grievance process, or written format. A demonstration was requested by a resident to illustrate the steps involved in reporting via phone, and discussions were held regarding the recipients and handling of reports. Importantly, residents have the option to file a written report anonymously, without disclosing their name or the names of alleged perpetrators. This includes incidents that may have occurred prior to their commitment to the current facility. There is a PREA grievance box, and the residents can utilize their own phones to make reports. Lastly, the agency/facility offers multiple internal avenues for residents to privately

report instances of sexual abuse, sexual harassment, retaliation, or staff misconduct that may have contributed to sexual abuse. Such avenues include a secure grievance, notifying staff, write letters or call external reporting agencies.

Interviews

Random Sample of Staff – The interviewed staff reported various methods in which 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. The various methods include telling staff, calling the hotline, or writing a grievance.

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include tell staff, notify police, notify the parole officer, complete a grievance, or call the hotline.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.251 (b). The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

Compliance Determination:

As reported in the PAQ, the agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Staff are required to document verbal reports.

APT Policy Statement: The APT Foundation posts the number of the Women and Families Center Hotline in the Residential Handbook as well as in posters throughout the facility as an external means to report incidents of SA/SH outside of the agency. The established MOU is comprehensive and recognizes the collaborative responsibility of each agency for the good of persons served that can only occur with effective communications. Both agencies shall respect the confidential nature of these discussions.

The MOU with the Women and Families Center provides that the center will conduct follow up services, referrals for services, and support the client.

	As discussed, provision 115.251 the agency provides contact information for at least one way for residents to report abuse or harassment to a public or private entity. Site Review The auditor evaluated the readability and accessibility of facility signage, with a particular focus on language clarity, provision of service details, translation into multiple languages, text size, formatting, and physical placement. It was observed that the signage throughout the facility met these criteria, thereby ensuring clear communication with residents, staff, and visitors. Specific locations where signage about reporting procedures for sexual abuse and harassment were placed were identified, including residential units and common areas. On the housing units there is a board that contained the various methods on which residents could make a report. The auditor evaluated the facility's phone reporting system by making test calls to the external reporting entity. This involved checking phone functionality, ensuring connection with the correct external entity, verifying anonymity options, and confirming the entity's preparedness to receive and forward reports. The auditor engaged with a State Trooper to verify the procedure for handling allegations of sexual abuse or harassment. The auditor contacted the sexual assault line and spoke to a staff. The staff reported that when allegations of sexual abuse or sexual harassment come to them, they would refer the allegation to the local offices to follow up for services and to refer for investigation. It was reported that different centers offer different services so depending on the request would determine what follow up services could be offered. When calling the hotline residents do not have to put in a pin number or identifiable information. The accessibility of phones for all residents, including those with disabilities, was assessed. Mechanisms for anonymous reporting were also examined to ensure privacy and confidentiality. Individuals had access to their personal cell phone devices. The accessibility of writing instruments and mail movement within the facility were evaluated. Mail drop boxes and receptacles were checked for accessibility and anonymity, focusing on secure and discreet reporting options. Residents can place mail in the first-floor mail area and also receive mail there. The case manager picks up mail daily and distributes it to residents. Residents are required to open packages in front of the staff. The security of written communication was assessed, including locking mail drop boxes and restricting access. Grievance boxes were locked, accessible only to the director. Furthermore, informal discussions were conducted with staff and residents to obtain insights into the process of sending and receiving mail. Staff members have the

	option to use public mailboxes or leave mail in a designated area within the facility. These discussions covered aspects of privacy, confidentiality, anonymity, and accessibility. Residents expressed that they felt secure and believed their information was safeguarded and kept confidential. Interviews PREA Coordinator – The interviewed staff reported that the Women and Families Center can take reports externally from the agency. The MOU with the Women and Families Center acknowledges communications can occur with the APT Foundation for the purpose of coordination of care and to facilitate discharge planning from the APT Foundation to ensure continuity of care, especially if the person was locating to an area outside of the service area. Any person can elect to remain anonymous. If the referral was made by the APT Foundation to the Women and Families Center, we would discuss the value (as noted with Yes above) in permitting the collaboration as this results in improved outcomes for the person. Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include telling staff, notifying police, notifying the parole officer, completing a grievance or call the hotline. The residents could not consistently state whether they could submit a report without having to give their name. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.251 (c). Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports within 24 hours. APT Policy Statement: The APT Foundation accepts reports made verbally, in writing, anonymously, and from third parties. All reports are documented and investigated accordingly. Training: The staff training documentation provided in 115.231 provides staff with the multiple ways in which staff shall accept reports.

	Interviews Random Sample of Staff – The interviewed staff reported that a resident who alleges sexual abuse, can do so verbally, in writing, anonymously and from a third party. When asked do you document the report, all of the staff stated yes. It was further reported that they would document immediately by completing an incident report. Resident Interview Questionnaire – All of the interviewed residents reported that they could make a report either in person or in writing. They further stated that family and friends could make a report for them if needed. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.251 (d). The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation also posts the number of the on-call after-hour supervisors in the Residential Handbook as well as in posters throughout the facility for Residents to report incidents of SA/SH. Site Review: As part of the audit process, the auditor initiated the review of staff reporting methods by engaging a staff member to demonstrate the procedures provided by the facility. This walkthrough aimed to ascertain the accessibility and functionality of the staff reporting method(s). Observations were made regarding the availability of the staff reporting method(s) to all staff in the facility. The audit focused on determining whether the reporting system is readily accessible to staff members upon request. The staff reported making reports to the director. The director’s office is not near the resident area therefore confidential conversation could occur. Additionally, the auditor assessed whether staff are mandated to report incidents to their direct colleagues or their immediate supervisor. While it is the preferred method to report to immediate supervisor, staff could articulate other means to make a report. Interviews

	Random Sample of Staff – The interviewed staff reported that they could privately report sexual abuse and sexual harassment of residents by calling the PREA hotline, call law enforcement, notifying chain of command, or notify the PREA coordinator. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Exhaustion of Administrative Remedies Sample Grievance Form Findings (By Provision): 115.252 (a). An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

	APT Policy Statement: The APT Foundation is exempt from this standard due to the following: o The APT Foundation is required to maintain general grievance and compliant boxes by multiple referral sources to the facility. o The APT Foundation does not utilize the grievance and compliant boxes for the purpose of reporting PREA events. o The APT Foundation informs residents via the Resident Handbook as well as warning notices posted above the grievance and complaint box that they are not to be utilized for reporting PREA events. o The APT Foundation's PREA Reporting Mechanism are reported in the Residential Handbook as well as other posters throughout the facility. While the agency does not currently employ the grievance process to address allegations, it was determined that individuals have the option to utilize the grievance form to file a complaint. Upon filing, the complaint is promptly forwarded to the investigation process. During the onsite assessment, the auditor thoroughly examined the grievance logbook and found no instances of PREA-related grievances. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.252 (b). (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Corrective Actions: N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.252 (c). The agency shall ensure that: (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.252 (d). (1) The agency shall 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. (2) Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the residents in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. In the past 12 months, the number of grievances filed that alleged sexual abuse: 0. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. In the past 12 months, the number of grievances

	alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0. Review of Grievances: onsite the auditor reviewed the grievance logbook. There were no identified PREA related grievances. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.252 (e). (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third party files such a request on behalf of an 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. 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 resident’s decision to decline: 0. Site Review: The auditor observed that the PREA signage was available in the common areas, administrative areas, and resident housing areas. The signage was originally available in English and during the site review the facility placed the Spanish signage. The signage language was clear and easy to understand. The contact information for the victim advocacy and emotional support was posted however there was no information on those services. Signage is provided in English and translated for the other languages most commonly spoken in the facility. The physical location of the signage was visible to residents who may have

	disabilities. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The signage is laminated on the resident housing unit. Grievance boxes were throughout the facility and locked and secured. Onsite the auditor reviewed the grievance logbook. Third-party reporting Signage was posted in common areas where visitors may be located. Additionally, the agency website provides contact information on how anyone can make a report. During the site inspection informal conversation with resident and staff confirmed that signage is always placed throughout the facility. Additionally, residents reported that the case manager provided information on how to make a report. TESTING THIRD-PARTY REPORTING Either prior to the onsite, during the site review, or post-onsite, the auditor must: The auditor assessed all of the phone numbers provided to make a report. All numbers were active and working. The external reporting source provided the auditor with an overview of how allegations were managed that came through their hotline. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.252 (f). (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:

	As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances in 115.252 (e)–3 that had an initial response within 48 hours: 0. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.252 (g). The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. 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: 0. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.253	**Resident access to outside confidential support services**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Resident Access to Outside Confidential Support Services MOU Women and Families Center Interviews: Resident Interview Questionnaire – (16) Corrective Action: PREA Inmate Education Findings (By Provision): 115.253 (a). The facility shall 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, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. APT Policy Statement: The APT Foundation will 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, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations in a confidential manner. Clinical staff working in the facility will

	assist residents with these contacts with external support resources, as indicated. Site Review: The auditor observed that the PREA signage was available in the common areas, administrative areas, and resident housing areas. The signage was originally available in English and during the site review the facility placed the Spanish signage. The signage language was clear and easy to understand. The contact information for the victim advocacy and emotional support was posted however there was no information on those services. Signage is provided in English and translated for the other languages most commonly spoken in the facility. The physical location of the signage was visible to residents who may have disabilities. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The signage is laminated on the resident housing unit. Third-party reporting Signage was posted in common areas where visitors may be located. Additionally, the agency website provides contact information on how anyone can make a report. During the site inspection informal conversation with resident and staff confirmed that signage is always placed throughout the facility. Additionally, residents reported that the case manager provided information on how to make a report. TESTING THIRD-PARTY REPORTING Either prior to the onsite, during the site review, or post-onsite, the auditor must: The auditor assessed all of the phone numbers provided to make a report. All numbers were active and working. The external reporting source provided the auditor with an overview of how allegations were managed that came through their hotline. Outside Emotional Support via Phone The auditor assessed the phone lines by calling the outside emotional support service provider. The telephone number was working, and the information was provided in English and Spanish. The phone number is local and there is a toll-free number provided. A live person was spoken to and explained the various services offered at the facility. All persons at the site have regular access to phones to contact the outside emotional support service provider(s) and have reasonable accommodations. Residents have access to their own cellphones; therefore, they can have unmonitored correspondence with outside emotional support services

	confidentially. Additionally, the auditor should: During informal conversation with staff, many line staff were not aware of the services. The case manager was aware of the services if needed to access. PROCESSES FOR SENDING AND RECEIVING MAIL (MAIL DROP BOXES/MAILROOM) During the site review, the auditor must: During the site review the auditor observed that residents have the ability to utilize the public mail system or they can leave mail at the front entry where staff place in a mail area. The mail carrier retrieves and leaves mail during the week at the front entry. The case manager collects mail daily and provides to the resident. During informal conversation with staff and residents, the residents have access to utilize the public or site mail service. The staff reported that they retrieve the mail everyday and disburse to the residents. Staff reported that they do not read the resident mail. Staff who initially receive mail at the front entry reported that they will provide the resident with a stamp and envelope upon request. Interviews Resident Interview Questionnaire – Approximately half if the interviewed residents reported that they were aware of outside services that deal with sexual abuse if needed. Several could articulate receiving information at intake or observing postings on the wall. The residents who were aware knew generally that there are community-based services, however when probed they could not determine specific services. The residents believed that they could have a confidential discussion with an outside service if needed. Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process. Corrective Actions: Additional Key Information: the site shall provide a way to give residents information on what the victim advocacy and emotional support services entails. The site shall conduct a group with the current residents on the nature and scope of the victim advocacy and emotional support services and provide documentation that the residents received the information. Additionally, the auditor recommends that the handbook is updated to provide information on victim advocacy and emotional support, and the intake staff is trained to cover the information at intake. The facility shall provide documentation that the additional training and the update to the handbook occurred. Ø Corrective Action Taken: The facility added PREA education to the risk assessment and reassessment process. A curriculum was developed and provided, showing how residents are educated on access to information on victim advocacy

	and emotional supportive services. The additional information can be found on the updated assessments in standard 115.241. No further action is required. 115.253 (b). The facility shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. APT Policy Statement: The facility and staff providing assistance shall 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. Residents at the facility have access to their own cell phones and a majority receive services (job/mental health) outside of the facility therefore have the ability to have confidential communication. Interviews Resident Interview Questionnaire – Three of the ten interviewed residents reported that they were aware of outside services that deal with sexual abuse if needed. The residents felt that they could have a private conversation with the outside services. One resident reported that the outside service would have to report abuse that occurred at the facility. Corrective Actions: Additional Key Information: the site shall provide a way to give residents information on what the victim advocacy and emotional support services entails. The site shall conduct a group with the current residents on the nature and scope of the victim advocacy and emotional support services and provide documentation that the residents received the information. Additionally, the auditor recommends that the handbook is updated to provide information on victim advocacy and emotional support, and the intake staff is trained to cover the information at intake. The handbook should also address the extent to which communication with outside

	support services will be monitored and any limitations to confidentiality. The facility shall provide documentation that the additional training and the update to the handbook occurred. Ø Corrective Action Taken: The facility added PREA education to the risk assessment and reassessment process. A curriculum was developed and provided, showing how residents are educated on access to information on victim advocacy and emotional supportive services. The additional information can be found on the updated assessments in standard 115.241. 115.253 (c). The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. APT Policy Statement: The APT Foundation maintains a comprehensive list of supportive services provided by other agencies. Many of these resources are able to provide confidential emotional support services related to sexual abuse. In cases where a formal agreement via MOU is in place, the agency maintains files in the administrative offices. MOU: The MOU with the Women and Families Center states that the center will provide free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, connecting PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices,

	interviews with staff and residents, local and national advocates, and the online PREA Audit: Pre-Audit Questionnaire to make determinations. Initially, the auditor found the facility was not in full compliance with all provisions of this standard due to gaps in documentation and limited evidence of resident access to outside confidential support services. During the corrective action period, the facility addressed the identified concerns by providing updated information on access to victim advocacy organizations, verifying resident access to confidential support through posted materials, documented resident education, and interview confirmations. Following a thorough analysis of the submitted documentation, on-site verification, and corroborating interviews with staff and residents, the facility has demonstrated compliance with Standard §115.253.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Third Party Reporting Website: Policies - APT Foundation Findings (By Provision): 115.254 (a). The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. APT Policy Statement: The APT Foundation reporting mechanisms, including contact

	telephone numbers, are contained on the APT Foundation website for both the PREA Administrator and the after-hour's supervisory staff. Website Policies - APT Foundation: Provides information to the public on third party reporting. Site Review: The auditor observed that the PREA signage was available in the common areas, administrative areas, and resident housing areas. The signage was originally available in English and during the site review the facility placed the Spanish signage. The signage language was clear and easy to understand. The contact information for the victim advocacy and emotional support was posted however there was no information on those services. During the site review the facility placed more detailed information on the extent of those services. Signage is provided in English and translated for the other languages most commonly spoken in the facility. The physical location of the signage was visible to residents who may have disabilities. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The signage is laminated on the resident housing unit. Third-party reporting Signage was posted in common areas where visitors may be located. Additionally, the agency website provides contact information on how anyone can make a report. During the site inspection informal conversation with resident and staff confirmed that signage is always placed throughout the facility. Additionally, residents reported that the case manager provided information on how to make a report. TESTING THIRD-PARTY REPORTING Either prior to the onsite, during the site review, or post-onsite, the auditor must: The auditor assessed all of the phone numbers provided to make a report. All numbers were active and working. The external reporting source provided the auditor with an overview of how allegations were managed that came through their hotline. Corrective Actions: · N/A. There are no corrective actions for this provision. Overall Findings:

	The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Staff and Agency Reporting Duties Interviews: Random Sample of Staff (12) Director or Designee PREA Coordinator Medical and Mental health Staff (3) Findings (By Provision): 115.261 (a). The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or

	staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. APT Policy Statement: The APT Foundation requires 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 the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Site Review: During the site review, the auditor conducted an examination of the staff reporting methods offered by the facility. A staff member was engaged to walk through the staff reporting process, allowing the auditor to gain a firsthand understanding of its functionality and accessibility. The availability of the staff reporting method was assessed to ensure it could be accessed promptly and as needed by all staff members throughout the facility. Additionally, the auditor evaluated whether staff were mandated to report incidents to their direct colleagues or immediate supervisors, thereby determining the hierarchical structure of the reporting process within the facility. While the expectation is to report to immediate supervisor staff was able to articulate other methods to report. Interviews Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Staff could articulate that there responsibility is to report immediately to the supervisor. Corrective Action: Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.261 (b). Apart from reporting to designated supervisors or officials, staff shall not reveal 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard

	because: As reported in the PAQ, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. APT Policy Statement: The APT Foundation expects incidents to be communicated by staff and general information regarding the specifics of the information maintained as confidentially as possible. This is to permit treatment, investigation, and other security and management decisions while protecting the resident. Site Review: During the site review, the auditor conducted an assessment of the storage practices for information and documentation in adherence to the PREA Standards. Client information was stored in the assigned case managers locked office or a secure electronic record. The file cabinet also had a confidential sign on it. The physical storage area for hard copy documentation, including but not limited to risk screening information, medical records, and sexual abuse allegations, was observed to determine the level of security in place. Attention was given to whether access to this physical storage area was restricted, potentially through mechanisms such as key access. Furthermore, the electronic safeguards for information stored electronically, such as risk screening information, were examined to ascertain the measures implemented for securing access. Closed files were maintained in a locked storage room and a locked storage cabinet, accessible to the case workers and the facility leadership. Interviews Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. Staff could articulate that their responsibility is to report immediately to the supervisor. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

	115.261 (c). Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility does not have onsite medical and mental health staff. Compliance Determination: The site does not have medical and mental health practitioners or services onsite. APT Policy Statement: Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) above. The practitioner shall inform the residents of their duty to report, and the limitations of confidentiality at the initiation of services. Interviews: Medical and Mental Health Staff – The interviewed staff reported that at the initiation of services they go over the limitation of confidentiality. All staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor. The staff interviewed reported that they have not been directly aware of any incidents. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 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, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: There are no residents under the age of 18. APT Policy Statement: APT Residential Services does not serve individuals under the age of 18. Interviews Director - The staff interviewed reported that the facility does not house residents under the age of 18. PREA Coordinator - The staff interviewed reported that the APT Foundation does not treat individuals who are under the age of 18. A vulnerable adult could fall into any number of categories. I would always consult the State statutes for proper response depending on the situation. I am familiar with State statutes and can find this

	information very quickly. A person also might be conserved, and we would involve the conservator. Regardless of the person's status, the APT Foundation would be committed to taking and responding appropriately to the allegation. This includes supportive and medical services, as indicated based on the nature of the allegation. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.261 (e). The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation staff will report all allegations of sexual abuse and harassment, including third-party and anonymous reports, to the facilities designated investigators. Sample reports for investigators: There were no identified PREA allegations. Interviews Director or Designee: The interviewed staff reported that all allegations of sexual abuse and sexual harassment are received and reported. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.262	**Agency protection duties**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Agency Protective Duties Interviews: Agency Head Director or Designee Random Sample of Staff (12) Findings (By Provision): 115.262 (a). When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).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: 0. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: N/A. The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). If not immediately, please explain in the comments section. N/A. APT Policy Statement: The APT Foundation, following any report or suspicion that a resident is subject to a substantial risk of imminent sexual abuse, will take immediate action to protect the resident. Interviews Agency Head – The interviewed agency head reported that if they learn that a resident is subject to a substantial risk of imminent sexual abuse the agency shall take immediate action to protect the resident. If there was a case where imminent risk was present, the person would be put under 24-hour direct supervision of a staff

	person. We would evaluate the presenting risk and would seek to remove that risk, most likely be the removal of the person – staff or otherwise, from the facility. Director or Designee – The interviewed staff reported that when they learn that a resident is subject to a substantial risk of imminent sexual abuse the agency shall take immediate action. Perpetrator would be removed –isolated and supervised one on one until removed. Additionally, we would have staff offer additional support and services to the victim. Random Sample of Staff – The interviewed staff reported that if they learn that a resident is at imminent risk of sexual abuse, they will respond immediately. The various response methods include notifying the supervisor, changing rooms if needed, getting the person out of the situation, monitor and separate from others. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Reporting to Other Confinement Facilities Interviews: Agency head Director or designee

	Findings (By Provision): 115.263 (a). Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0. APT Policy Statement: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the APT Foundation via the PREA Administrator will contact the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.263 (b). Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported the PAQ, the Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. APT Policy Statement: Notification to the other facility shall occur no later than 72 hours after receiving the allegation. Corrective Actions: N/A. There are no corrective actions for this provision.

	Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.263 (c). The agency shall document that it has provided such notification. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. APT Policy Statement: The APT Foundation will document that the notification to the other facility has occurred. There were no identified notifications to review. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.263 (d). The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0. APT Policy Statement: The agency head or agency office that receives the notification shall ensure that the allegation is investigated in accordance with these standards. Interviews Agency head – The interviewed agency head reported that it would be investigated. The PREA Coordinator is the designated person to manage external reports to the agency. He has not fielded any external reports, but he has reported PREA events to the PREA Coordinator of two other external entities. Director or designee – The interviewed staff reported that if the facility receives a

	report from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility, the incident would be investigated and reported to the other entity. The current director reported that several years the agency had a respond to an allegation. Corrective Actions: Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ)- Policy Staff First Responder Duties Interviews: Security Staff and Non-Security Staff First Responders (12) Findings (By Provision): 115.264 (a). Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, the number of allegations that a resident was sexually abused: 0. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0. In the past 12 months, the number of allegations where staff were notified within a time period that still allows for the collection of physical evidence: 0. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating,

	defecating, smoking, drinking, or eating: 0. APT Policy Statement: Upon learning of an allegation that a resident was sexually abused, the first staff member to respond will immediately reach out to other staff to contact a supervisor and notify police, if indicated. The staff will then: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of any physical evidence, request that the alleged victim no take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of any physical evidence, request that the alleged abuser no take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Interviews Security Staff and Non-Security Staff First Responders – All of the interviewed staff are considered first responders. The staff was able to articulate the first responder duties, such as securing the scene, getting the parties involved to a safe location, notifying their supervisor immediately or law enforcement, and ensuring that no one contained evidence. The staff struggled to articulate how to manage the evidence. Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.264 (b). If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not to take any actions that could destroy physical evidence and then notify security staff. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:

	As reported in the PAQ, the agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. As reported by the agency all staff are considered first responders. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0. Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0. Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0. APT Policy Statement: The APT Foundation does not employ security staff at APT Residential Services. The facility is staffed by Patient Care Associates 24 hours/day, 7 days/week, Clinical and Nursing Staff are available during the 1st and 2nd shift daily. Interviews Security Staff and Non-Security Staff First Responders/Random Sample of Staff – The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area, take down basic information, take the victim to a safe location, maintain constant supervision of the clients, and complete an incident report. Such actions would be taken immediately. When asked who they would not share the information with the responses varied from other staff and clients. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Coordinated Response Form: Coordinated Response to Sexual Assault Interviews: Director Findings (By Provision): 115.265 (a). The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. APT Policy Statement: The APT Foundation follows a team response to any emergency situation that is presented at APT Residential Services. Any staff person can initiate the response following a suspected emergency. The initial staff person is charged with controlling the emergency while alerting other staff people to say that assistance is needed. The initial staff person shall remain in position until a supervisory staff person can take control of the emergency situation. Other staff members activated shall: (1) Assist the initiating staff person in protecting and separating the alleged victim and aggressors. (2) Assist the initiating staff person in preserving the scene and evidence, as indicated. (3) Removing other residents from the vicinity where the emergency occurred. (4) Contacting a supervisor to report to the emergency location. (5) Contacting 911 and wait for emergency personnel to arrive on the scene and to

	direct to the emergency location. (6) Contacting the Program Director to advice of the emergency situation; (7) The Program Director will contact APT Administration with any known details. (8) The Program Director or Clinical Supervisor will contact the resident's referral source (9) The Program Director; APT Administration; and other professional staff will be utilized to coordinate supportive services for the victim. (10) APT Administration will initiate investigation of incident, in collaboration with other external entities, as indicated. (11) All other investigative policies follow post-investigation. PREA Coordinated Response Form: the form provides a detailed description in addition to the policy on the coordinated effort to respond to a sexual abuse. Interviews Director or Designee – The interviewed staff reported that one of the supervisors on scene immediately, secure area, isolate clients, follow up with medical and mental health, have perpetrator taken away from scene, call police and write the report, support the victim all the way through the process—mental health, medical, and psychological services. Everything will be done in conjunction with the PREA coordinator. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Preservation of ability to protect residents from contact with abusers Interviews: Agency Head Findings (By Provision): 115.266 (a). Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency, facility, or any other governmental entity is responsible for collective bargaining on the agency’s behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Upon further discussion with the PREA Coordinator that response was provided in error. They do not have unions or collective bargaining agreements. Interviews Agency Head – The interviewed agency head reported that the agency has not entered into any collective bargaining agreements. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.266 (b). Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §115.272 and 115.276; or (2) Whether a no-contact assignment that is imposed pending the outcome of an

	investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: N/A- Auditor is not required to audit this provision. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Agency Protection Against Retaliation Blank Retaliation Log Form Interviews: Agency Head Director or Designee Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) Findings (By Provision): 115.267 (a). The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring

	retaliation. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The number of times an incident of retaliation occurred in the past 12 months: 0. APT Policy Statement: The APT Foundation maintains a comprehensive Code of Ethical Conduct and Compliance plan for all employees. The APT Foundation policy explicitly includes all individuals having the right to file a grievances and other report, that individuals are free to report any real or perceived incident without fear of retaliation. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.267 (b). The agency shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency shall 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. Interviews Agency Head – The interviewed agency head reported that they would take protective measures of retaliation is identified. The PREA Coordinator is the designated person to manage external reports to the agency. He has not fielded

	any external reports, but he has reported PREA events to the PREA Coordinator of two other external entities. We do have a structured monitoring log for regular check-ins with the PREA Coordinator or designee to monitor for retaliation. Any information reported at check-in would be addressed in real time. The APT Foundation also posts our retaliation policy for both clients and staff in multiple forums and locations. A violation of our retaliation policy by staff is grounds for termination. Director or Designee/Designated Staff Member Charged with Monitor Retaliation – The interviewed staff reported that they will monitor for changes in behavior and if needed we will remove someone from the program. We will talk to the clients and make sure they understand their rights, make room changes if necessary, and may have to remove someone from the program. Clients will be on 15–30-minute checks. Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.267 (c). For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0. Interviews

	Director or Designee/ Designated Staff Member Charged with Monitoring Retaliation – The interviewed staff reported that if retaliation is suspected they would separate the involved parties, notify the parole officer, check on the resident and follow up with them. Monitoring would occur for as long as necessary. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.267 (d). In the case of residents, such monitoring should also include periodic status checks. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Monitor For Retaliation Blank Form: the facility has a form to document any monitoring for retaliation. While there were no allegations to determine how monitoring was done, the form provides a process to document. Interviews Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - The interviewed staff reported that they will monitor for changes in behavior. Additionally, the director provided a list of various ways in which they would monitor for retaliation. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.267 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: The allegation of sexual abuse that should have been monitored did not occur as the resident was immediately removed from the Parole Officer. Informal

	conversation with the Parole Officer indicated that they typically would remove the aggressor, but everything is assessed. APT Policy Statement: The APT Foundation will monitor and document potential retaliation. Retaliation on the part of a staff person would be grounds for disciplinary actions up to and including termination of employment. There have been zero (0) incidents of retaliation during the past 12 months. Interviews Agency Head – The interviewed agency head stated that we do have a structured monitoring log for regular check-ins with the PREA Coordinator or designee to monitor for retaliation. Any information reported at check-in would be addressed in real time. The APT Foundation also posts our retaliation policy for both clients and staff in multiple forums and locations. A violation of our retaliation policy by staff is grounds for termination. Director or Designee – The interviewed staff reported that they would monitor for changes in behavior, gather information and offer mental health services. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.267 (f). An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: N/A the auditor is not required to audit this provision. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Criminal and Administrative Agency Investigations Interviews: PREA Coordinator Investigative Staff Director Findings (By Provision): 115.271 (a). When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations. APT Policy Statement: Policy: Interviews Investigative Staff – The interviewed staff stated that investigations are initiated immediately upon report of an allegation of sexual abuse or sexual harassment and are conducted promptly. All investigations are managed by the same standards. Anonymous or third-party reports follow the same protocols. When the agency conducts the investigation, they do so promptly and thoroughly. Criminal investigations refer to CT state police. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

	115.271 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency shall 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. Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) and Training Certificate (Your Roles and Responsibilities) can be located in standard 115.234. Interviews Investigative Staff – The interviewed staff stated that they have completed training and would send all criminal related allegations information to outside law enforcement. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.271 (c). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: There were no identified investigations during the audit period. Interviews Investigative Staff – The interviewed staff stated that they are conducting an initial investigation of allegations of sexual abuse. For criminal-related allegations, all the information will be gathered and sent to the outside law enforcement.

	Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.271 (d). When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation will not conduct compelled interviews since we will not conduct criminal investigations. There were no identified investigations during the audit period. Interviews Investigative Staff – The interviewed staff reported that all information and referral for prosecution would be managed by outside law enforcement. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.271 (e). The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: There were no identified investigations during the audit period. Interviews Investigative Staff – The interviewed staff stated that all reports will be taken

	seriously, and we would not be judgmental no matter if it is an alleged victim, suspect, or witness. We do not decide on credibility we would investigate everything. We would determine if the allegation fell under PREA. They would not require a polygraph. Residents who Reported Sexual Abuse – There were no reported residents at the site during the onsite audit who had reported sexual abuse. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.271 (f). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: There were no identified investigations during the audit period. Site Review: RECORD STORAGE During the site review, the auditor conducted an assessment of the storage practices for information and documentation in adherence to the PREA Standards. Client information was stored in the assigned case managers locked office or an electronic file. The physical storage area for hard copy documentation, including but not limited to risk screening information, medical records, and sexual abuse allegations, was observed to determine the level of security in place. Attention was given to whether access to this physical storage area was restricted, potentially through mechanisms such as key access. Furthermore, the electronic safeguards for information stored electronically, such as risk screening information, were examined to ascertain the measures implemented for securing access. Closed files were maintained in a locked storage room and a locked storage cabinet, accessible to the case workers and the facility leadership.

	Informal conversations with the case manager provided an opportunity to observe the direct location of the files and that each case manager only has access to their caseload records. Interviews Investigative Staff – The interviewed staff reported that internal investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrator. The information would document in written reports which includes a description of the physical and testimonial fact/evidence, the reasoning behind credibility of assessments and investigate the facts and findings. All evidence would be managed by the State Police. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.271 (g). Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. There were no reported criminal investigations. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: There were no identified investigations during the audit period. Interviews Investigative Staff – The interviewed staff reported that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. We would stay connected with local law enforcement on the status of the investigations. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

	115.271 (h). Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0. There were no reported criminal investigations. Interviews Investigative Staff – The interviewed staff reported that outside law enforcement would address referrals for prosecution. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.271 (i). The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. There were no identified investigations during the audit period. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the

	provisions of this standard. 115.271 (j). The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Interviews Investigative Staff – The interviewed staff reported that the investigation continues regardless of employees' status with the agency. The investigation continues regardless of the victim's status with the agency. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.271 (k). Auditor is not required to audit this provision. 115.271 (l). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The facility has demonstrated compliance with this provision of the standard because: Compliance Determination: Interviews Director – The interviewed staff reported that outside law enforcement investigations would be monitored by having constant communication with the state trooper. PREA Coordinator – The interviewed staff reported that the APT Foundation would work collaboratively with the CT State Police while they conducted their investigation while we worked on our internal investigation. We would obtain the case number at the time of the incident and conduct follow-up checks with them to ensure they had access to the information they require to complete their criminal investigation. Investigative Staff – The interviewed staff reported that the facility would be fully compliant with an outside agency investigation.

	Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis, upon review of additional information the facility is compliant with the standard.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Evidentiary Standard for Administrative Investigations Interviews: Investigative Staff Findings (By Provision): 115.272 (a). The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse

	or sexual harassment are substantiated. There were no identified investigations during the audit period. Interviews Investigative Staff – The interviewed staff reported that the agency uses a preponderance of evidence. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.273	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Reporting to Inmates Interviews: Director Investigative Saff Findings (By Provision): 115.273 (a). Following an investigation into a resident's allegation of sexual abuse

	suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0. 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: 0. APT Policy Statement: All complaints filed by clients at the facility are responded to either verbally or in writing. This includes PREA complaints and will include whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All reports are required to be provided within 30 days, unless determination requires additional time and the person is notified accordingly and with an estimated date of completion. Interviews Director or Designee – The interviewed staff reported that the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation. Investigative Staff – The interviewed staff reported that the agency would inform the resident of the results of the investigation. Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process. Corrective Actions: Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.273 (b). If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:

	As reported in the PAQ, if an outside entity conducts the investigation, the agency will request the relevant information from the investigation entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. 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: N/A no investigations by the outside agency. APT Policy Statement: If an investigation is completed by an outside agency, the APT Foundation will request the findings of the investigation in order to fulfill notification of the outcome of the investigation to the client. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.273 (c). Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, following a resident’s allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless unfounded) whenever: o The staff member is no longer posted within the residents’ unit; o The staff member is no longer employed at the facility; o The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or o The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Interviews

	Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.273 (d). Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whomever the agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Interviews Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.273 (e). All such notifications or attempted notifications shall be documented. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has a policy that all notifications to residents

	described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0. Of those notifications made in the past 12 months, the number that were documented: 0. APT Policy Statement: The APT Foundation's grievance policies, including PREA, require written response to the findings of any grievance filed. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.273 (f). The auditor is not required to audit this provision of the standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Disciplinary Sanctions for Staff Findings (By Provision): 115.276 (a). Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The facility has demonstrated compliance with this provision of the standard because: Compliance Determination:

	As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. APT Policy Statement: Following any report of sexual abuse of a staff person against a client or any other person at the APT Foundation, the employee will be immediately suspended until the investigation has been completed. Based on the outcome of the investigation, the staff person may receive disciplinary sanctions up to and including termination of employment by the agency depending on the severity of the findings of the investigation. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.276 (b). Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility has demonstrated compliance with this provision of the standard because: Compliance Determination: As reported in the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. 115.276 (c). The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the

	staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0 APT Policy Statement: Based on the outcome of the investigation, the staff person may receive disciplinary sanctions up to and including termination of employment by the agency depending on the severity of the findings of the investigation. The APT Foundation will also consider an employee's work history, including prior disciplinary actions, in determining final employment actions to be taken. There were no allegations of sexual abuse or harassment reported in the past 12 months. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.276 (d). All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. APT Policy Statement: The APT Foundation would report any criminal findings that resulted in termination of employment to law enforcement and licensing bodies, as applicable and indicated.

	There were no allegations of sexual abuse or harassment reported in the past 12 months. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Corrective Action Plan Contractors and Volunteers Interviews: Director Findings (By Provision): 115.277 (a). Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity is clearly not criminal, and to relevant licensing bodies. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not

	criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0. APT Policy Statement: The APT Foundation will report any contractor or volunteer who engages in sexual abuse to law enforcement and licensing, as applicable, that are deemed to be criminal in nature. There were no allegations of sexual abuse or harassment reported in the past 12 months. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.277 (b). The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. APT Policy Statement: The APT Foundation shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. There were no allegations of sexual abuse or harassment reported in the past 12 months. Interviews Director or Designee – The interviewed staff reported that if any volunteer or contractor was found guilty of sexual abuse or sexual harassment, they would not

	be allowed to enter the site with having no contact with residents. They would also be reported to law enforcement. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Disciplinary Sanctions for Residents Interviews: Director Medical and Mental Health Staff (3) Findings (By Provision): 115.278 (a). Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:

	As reported in the PAQ, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse has occurred at the facility: 0. In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse has occurred at the facility: 0. APT Policy Statement: Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following any administrative finding that the resident engaged in resident-on-resident sexual abuse or following any criminal finding of guilt for resident-on-resident sexual abuse. A resident in these cases will typically be referred back to their referral source and/or discharged from the program with a referral to another program for continued services. There were no allegations of sexual abuse or harassment reported in the past 12 months. Interviews Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.278 (b). Sanctions shall be 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offences by other residents with similar histories. There were no allegations of sexual abuse or harassment reported in the past 12 months. Interviews Director or Designee – The interviewed staff reported that residents shall be subject to disciplinary action pursuant to a formal disciplinary process following an

	administrative finding that the resident engaged in sexual abuse or following a criminal finding. Disciplinary action should consider whether or not a resident's mental disability or illness contributed to the behavior. Such actions include removal from the facility. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.278 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. There were no allegations of sexual abuse or harassment reported in the past 12 months. Interviews Director or Designee – The interviewed staff reported that residents shall be subject to disciplinary action pursuant to a formal disciplinary process following an administrative finding that the resident engaged in sexual abuse or following a criminal finding. Disciplinary action shall consider whether or not a resident's mental disability or illness contributed to the behavior. Such actions include removal from program, charges pressed, remanded by DOC, and notify judge. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.278 (d). If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

	As reported in the PAQ, the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Services are referred to a community partner. APT Policy Statement: The APT Foundation does not provide direct therapy or other counseling services for residents to correct underlying reasons or motivations for abuse. If indicated, the facility would make the necessary referrals to an organization that provides this service directly. Interviews: Medical and Mental Health Staff – The interviewed mental health staff reported that all behaviors would be addressed in individual or group therapy. They do not have to participate however they have to be engaged in order to successfully participate in treatment. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.278 (e). The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility has demonstrated compliance with this provision of the standard because: Compliance Determination: As reported in the PAQ, the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. APT Policy Statement: The APT Foundation may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.278 (f). 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, even if an investigation does not establish evidence sufficient to substantiate the allegation.

	Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation. APT Policy Statement: For the purpose of disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. There were no allegations of sexual abuse or harassment reported in the past 12 months. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.278 (g). An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency prohibits all sexual activity between residents, and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. APT Policy Statement: The APT Foundation prohibits all sexual activity between residents and may discharge a resident for such an activity. The APT Foundation will not, however, deem such activity to constitute sexual abuse if it determines that the activity was not coerced. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the

	provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Access to emergency medical and mental health services Interviews: Security Staff and Non-Security Staff First Responders (12) Medical and Mental Health Staff (3) Findings (By Provision): 115.282 (a). Resident victims of sexual abuse shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. APT Policy Statement: The APT Foundation shall ensure that residential victims of sexual abuse shall 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. APT Policy Statement: Mental Health and/or Medical Staff may maintain secondary logs documenting timeliness of treatment and crisis intervention if not documented directly into the client's EHR. Interviews Medical and Mental Health Staff – The interviewed staff reported that resident victims of sexual abuse receive timely and unimpeded access to emergency medial treatment and crisis intervention services. Medical staff reported that they would call 911 for immediate services. It was further reported that the nature of scope of the services are determined by the medical and mental health staff's professional judgement. Residents who Reported a Sexual Abuse -There were no identified residents onsite who reported sexual abuse. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.282 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: If no qualified medical or mental health practitioners are available at the time a report of recent abuse is available, first responding staff will take preliminary steps to protect the victim pursuant to section 115.262 and will immediately notify supervisory staff either at the facility or on-call to assist in referral to appropriate medical and/or mental health practitioners. Interviews Security Staff and Non-Security Staff First Responders – All of the direct care staff are first responders. The staff interviewed were responsible for the agency's first responder protocol, which included how to protect the evidence, separate the parties involved, and report to supervisor/ management for further action.

	Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.282 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be 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. APT Policy Statement: Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance to with professionally accepted standards of care, where medically appropriate. Interviews Medical and Mental Health Staff-The interviewed medical staff could not articulate if they knew whether or not victims would receive access to emergency contraception or STI services. They reported that they would be a different layer of medical staff. Residents who Reported a Sexual Abuse -There were no identified residents onsite who reported sexual abuse. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.282 (d). Treatment services shall be 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. Compliance Determination:

	The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. APT Policy Statement: Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Ongoing medical and mental health care for sexual abuse victims and abusers Interviews: Medical and Mental Health Staff (3) Findings (By Provision):

	115.283 (a). The facility shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility does 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. APT Policy Statement: The APT Foundation shall 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. The APT Foundation shall provide referral for follow-up, treatment planning, and continued care upon discharge from the facility. A pregnancy test for females may also be indicated. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.283 (b). The evaluation and treatment of such victims shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: There were no identified victims of sexual abuse to review information. Interviews Medical and Mental Health Staff-The interviewed mental health staff reported that victims would receive access to trauma informed care. Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and

	review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.283 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: There were no identified victims of sexual abuse to review information. Interviews Medical and Mental Health Staff- The interviewed staff reported that the level of services is higher than the community level of care. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.283 (d). Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. APT Policy Statement: A pregnancy test for females also may be indicated. Interviews: Residents who Reported a Sexual Abuse – There are no identified residents who reported a sexual abuse. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.283 (e). If pregnancy results from the conduct described in paragraph (d) of

	this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Policy: The Ongoing Medical and Mental Healthcare for sexual abuse victim and abusers' states that the APT Foundation will provide timely and comprehensive information and access to all lawfully pregnancy related medical services. Interviews: Medical and Mental Health Staff – The interviewed medical staff reported that if a client ended up being pregnant, they would seek additional services. Services would be rendered to a victim immediately. Residents who Reported a Sexual Abuse – There were no identified residents who reported sexual abuse. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.283 (f). Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. APT Policy Statement: The APT Foundation shall 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. The APT Foundation shall provide referral for follow-up, treatment planning, and continued care upon discharge from the facility. A pregnancy test for females may also be indicated. There were no identified victims of sexual abuse to review information.

	Interviews: Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.283 (g). Treatment services shall be 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: There were no identified victims of sexual abuse to review information. Interviews: Residents of Sexual Abuse: There were no residents of sexual abuse at the facility during the onsite audit period. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.283 (h). The facility shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: Policy: the policy was updated to stay that the “APT Foundation shall 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” (p. 1). Interviews

	Medical and Mental Health Staff-The interviewed staff reported that a higher level of medical and mental health staff would complete any necessary evaluations. Corrective Actions: Policy: the policy was updated to stay that the “APT Foundation shall 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” (p. 1). Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Sexual Abuse Incident Reviews PREA Incident Review Template Interviews: Director PREA Coordinator Incident Review Team Findings (By Provision): 115.286 (a). The facility shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 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: 0. APT Policy Statement: The APT Foundation shall 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. A formal review template is available on the main page of APT Web under the PREA tab. PREA Incident Review Template: While there were no allegations of sexual abuse or sexual harassment to review, the facility has a form to document reviews when necessitated. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.286 (b). Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0. APT Policy Statement: Review, if indicated, shall occur within 30 days of completion of the investigation. PREA Incident Review Template: While there were no allegations of sexual abuse or sexual harassment to review, the facility has a form to document reviews when necessitated.

	Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.286 (c). The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. APT Policy Statement: The review team, if indicated, shall include senior management officials, with the input from line supervisor, investigators, and medical or mental health professionals. PREA Incident Review Template: While there were no allegations of sexual abuse or sexual harassment to review, the facility has a form to document reviews when necessitated. Interviews Director or Designee – The interviewed staff reported that the incident review team consists of upper-level management. This would also include local law enforcement that investigated the allegation. Corrective Actions: Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.286 (d). The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess 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 its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator. APT Policy Statement: The review team shall: 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) 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 was motivated or otherwise caused by group dynamics at the facility; 3) Examine the area in the facility where the incident allegedly occurred to access whether physical barriers in the area may enable abuse; 4) Assess the adequacy of staffing levels in that area during different shifts; and 5) Prepare a report of its findings, including but not necessarily 6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA Compliance Manager. Interviews Director – The interviewed staff reported that during the incident review, the team would consider if there needed changes to policy, was there any actions that motivated the incident, was there adequate staffing levels and if there was a need to enhance technology. The PREA Coordinator maintain all records of incidents. PREA Coordinator – The interviewed staff reported that these reports are generally completed by the PREA Coordinator, who would be an active participant in the review process. We do trend all incidents, PREA or not for program improvement purposes. We have not historically had enough PREA incidents for trending for program improvement purposes, but they are included. Based on the review, several improvement opportunities might be evident. This could include policy

	revision, staff training, resident training, and facility improvement, including technological enhancements. As noted above, we do not have enough PREA incidents to benefit from trending, but each individual incident is addressed closer to real time as they might occur. The APT Foundation does not treat individuals who are under the age of 18. A vulnerable adult could fall into any number of categories. I would always consult the State statutes for proper response depending on the situation. I am familiar with State statutes and can find this information very quickly. A person also might be conserved, and we would involve the conservator. Regardless of the person's status, the APT Foundation would be committed to taking and responding appropriately to the allegation. This includes supportive and medical services, as indicated based on the nature of the allegation. Incident Review Team - The Incident Review Team ensures that incident reviews are completed and documented within 30 days following an incident or alleged incident. Multiple people on the team are part of the incident review team. The team will look at the allegations as a whole. The team will look at where the incident occurred, review cameras, check staff schedules, and identify where staff were located when the incident occurred. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.286 (e). The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the facility implements recommendations for improvement or documents and its reasons for not doing so. APT Policy Statement: The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Data Collection Incident report Data Form Findings (By Provision): 115.287 (a). The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The APT Foundation shall collect accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and definitions. SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed.

	Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.287 (b). The agency shall aggregate the incident-based sexual abuse data at least annually. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: APT Policy Statement: The APT Foundation shall aggregate the incident-based sexual abuse data at least annually. Annual Report (standard 115.286) provides aggregate data of the allegations of sexual abuse and sexual harassment. The facility has an incident report data form to collect data for the agency on PREA related incidents. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.287 (C). The incident-based data collected shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, 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. APT Policy Statement: The incident-based data collected shall 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. Corrective Actions:

	N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.287 (d). The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. APT Policy Statement: The APT Foundation shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.287 (e). The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. N/A the agency does not contract for the confinement of its residents. 115.287 (f). Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data,

	offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed. APT Policy Statement: Upon request, the APT Foundation shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy Data Review for Corrective Action Website: Policies - APT Foundation Annual Report (2024) SSV Report Interviews:

	Agency Head PREA Coordinator Findings (By Provision): 115.288 (a). The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. APT Policy Statement: The APT Foundation shall review data collected and aggregated pursuant to Section 115.287 above in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report on its findings and corrective actions for the facility and agency as a whole. The annual report can be located on the agency website at: Policies - APT Foundation Any corrective action plans are addressed on the agency annual report. SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed.

Interviews:

Agency Head – The interviewed agency head reported that following the report of an allegation, an incident review is conducted to determine how the incident occurred and make steps to prevent the possibility of abuse or harassment happening. Each incident presents an opportunity to review what happened and what steps might be taken to minimize occurrence in the future. This could include policy revision, staff training, and facility enhancements/improvements.

PREA Coordinator – The interviewed staff reported that the APT Foundation is a data driven organization. Our data is the foundation for program development and improvement activities, which can include policy revision, facility development/ modifications, and training for both staff and residents. The APT Foundation rarely makes a decision without an initial review of any baseline data that may be available. The APT Foundation is a healthcare facility and is subject to stringent security for all records. The PREA Coordinator maintains a secure file that only he has access to on the agency's network to ensure PREA information is securely maintained. The APT Foundation conducts an annual review of all incidents, including PREA, that is presented to Senior Leadership, Board of Directors, and medical staff. In each presentation, the opportunity to suggest plans to reduce recurrence is present. As indicated elsewhere here, the APT Foundation has not had enough PREA events to render trending data useful.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.288 (b). Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

APT Policy Statement: Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the APT Foundation's progress in addressing sexual abuse.

Annual Report (2024): the annual report was reviewed and found to have provided data and corrective actions for prior years.

	The annual report can be located on the agency website at: Policies - APT Foundation SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.288 (c). The agency's report shall be approved by the agency head and made readily available to the public through its Web site or, if it does not have one, through other means. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency makes its annual report readily available to the public at least through its website. The annual report is approved by the agency head. APT Policy Statement: The APT Foundation’s report shall be approved by the agency head and made readily available to the public through its website or other means. Annual Report (2024): the annual report was reviewed and found to have provided data and corrective actions for prior years. The annual report can be located on the agency website at: Policies - APT Foundation SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees,

ensuring that any incidents of sexual victimization are swiftly and effectively addressed.

Interviews

Agency Head – The interviewed agency head reported that they approve the annual reports. The Director of Clinical Operations (also PREA Coordinator) includes PREA related data in our annual incident report trending. This data is reviewed annually by each of the following groups: Senior Leadership of the organization, the Board of Directors, and the medical staff. It should be noted that the organization thankfully does not have enough PREA events to lend itself well to trending for improvements as other incidents might. I am confident that sufficient review of each PREA event occurs to ensure we are discussing improvement measures in more real time than an annual report presents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.288. (d). The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

APT Policy Statement: The APT Foundation may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

Annual Report: upon review of the annual report, there are no identifiers provided that could pose a threat to safety and security at the facility.

SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees,

	ensuring that any incidents of sexual victimization are swiftly and effectively addressed. Interviews: PREA Coordinator- The staff interviewed reported that the annual report does not contain any personal identifying information or the nature of the incident. The information is maintained with the PREA coordinator. Only aggregate data is presented for PREA matters. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations: Pre-Audit Questionnaire (PAQ) Policy: Data storage, publication, and destruction Website: Policies - APT Foundation Interviews: PREA Coordinator Findings (By Provision):

	115.289 (a). The agency shall ensure that data collected pursuant to § 115.287 are securely retained. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. The agency indicates the nature of material redacted. APT Policy Statement: The APT Foundation shall ensure that data collected pursuant to section 115.287 is securely retained. Interviews PREA Coordinator – The interviewed staff reported that the annual report information is securely retained and that personal identifiers are not part of the report. The APT Foundation is a data driven organization. Our data is the foundation for program development and improvement activities, which can include policy revision, facility development/modifications, and training for both staff and residents. The APT Foundation rarely makes a decision without an initial review of any baseline data that may be available. The APT Foundation is a healthcare facility and is subject to stringent security for all records. The PREA Coordinator maintains a secure file that only he has access to on the agency's network to ensure PREA information is securely maintained. As noted elsewhere, the APT Foundation does not have enough PREA events to render trending of findings useful. We do, however, commit to any improvement areas identified following any PREA event. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.289 (b). The agency shall 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 Web site or, if it does not have one, through other means. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which its contracts are made readily available to the public at least annually. The APT Foundation password protected network meets and exceeds requirements via HIPAA and Federal Statues 42CFR for records of persons with substance and

	mental health diagnoses. These standards are more stringent than traditional medical settings. The annual report can be located on the agency website at: Policies - APT Foundation Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.289 (c). Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. APT Policy Statement: The APT Foundation’s PREA policies are available to the public through its website. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. 115.289 (d). The agency shall 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. Compliance Determination: The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency shall 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. APT Policy Statement: The APT Foundation shall make all aggregated sexual abuse

	data readily available to the public at annually through its website. o The APT Foundation shall remove all personal identifiers before making aggregated sexual abuse data publicly available. o The APT Foundation shall maintain sexual abuse data collected pursuant to section 115.287 for at least 10 years after the date of the initial collection unless the Federal and State of Local law requires a longer period of retention. Corrective Actions: N/A. There are no corrective actions for this provision. Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: 1. Documents: a. Website: Policies - APT Foundation Findings (By Provision): 115.401 (a). The agency website contains the results of all the PREA audits conducted. 115.401 (b). The site is in Cycle 4 Audit Year 3. 115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the site by the program lead. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred

	or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the site is compliant with the intent of the provision. 115.401 (i). During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the site is compliant with the intent of the provision. 115.401 (m). The auditor was provided private rooms throughout the site to conduct interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for inmate interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. A review of the appropriate documentation and interviews with staff indicates that the site is in compliance with the provisions of this standard. No corrective action is warranted. 115.401 (n). Residents were able to submit confidential information via written letters to the auditing agency PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the site. Final Analysis: Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: 1. Documents: a. Website: Policies - APT Foundation Findings (By Provision): 115.403 (a). The agency posts its PREA Audit reports on the Agency website. The reports are available for review at Policies - APT Foundation. There is a link to the final PREA reports. The facility is compliant with the intent of the standard. Final Analysis:

	Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

(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
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

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

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	**Criminal and administrative agency investigations**	

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

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

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

	condition of access to programming and other benefits?	
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information	yes

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

	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.)	
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

	same manner as if they were communicating with legal counsel?	
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes