

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 07/12/21

Auditor Information

Name: Dorothy Xanos

Email: dxconsultants@gmail.com

Company Name: DX Consultants LLC

Mailing Address: 701 77th Avenue N, PO Box 55372

City, State, Zip: St Petersburg, Florida 33702

Telephone: (813) 918-1088

Date of Facility Visit: 5/17/21– 5/18/21

Agency Information

Name of Agency: Boys & Girls Village, Inc

Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.

Address: 528 Wheelers Farm Road

City, State, Zip: Milford, CT 06461

Mailing Address: 528 Wheelers Farm Rd

City, State, Zip: Milford, CT 06461

The Agency is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.bgvillage.org/client-rights/zero-tolerance>

Agency Chief Executive Officer

Name: Dr. Kimberly Shaunesey

Email: shauneseyk@bgvillage.org

Telephone: (203) 877-0300

Agency-Wide PREA Coordinator

Name: Joseph A. Cambria, MPA

Email: cambriaj@bgvillage.org

Telephone: (203) 713-7725 extension 191

PREA Coordinator Reports to:

Cara Conlan, LCSW

Number of Compliance Managers who report to the PREA Coordinator:

2

Facility Information

Name of Facility: Re-Entry, Goal-oriented, Individualized, Opportunity to Nurture Success (REGIONS)

Physical Address: 528 Wheelers Farm Road

City, State, Zip: Milford, CT 06461

Mailing Address: 528 Wheelers Farm Road

City, State, Zip: Milford, CT 06461

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.bgvillage.org/client-rights/zero-tolerance>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: The Council on Accreditation (COA))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Accreditation - The Council on Accreditation (COA) - 4/2021

Facility Administrator/Superintendent/Director

Name: Jessica Gaffney

Email: gaffneyj@bgvillage.org

Telephone: (203) 833-4084

Facility PREA Compliance Manager

Name: Tyshawn Gillespie

Email: gillespiet@bgvillage.org

Telephone: (203) 605-0860

Facility Health Service Administrator N/A

Name: Catherine Hebert, RN

Email: hebertc@bgvillage.org

Telephone: (203) 877-0300 ext. 169

Facility Characteristics

Designated Facility Capacity:

12

Current Population of Facility:

2

Average daily population for the past 12 months:	3.68	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	14-18 yrs.	
Average length of stay or time under supervision	4-6 months	
Facility security levels/resident custody levels	staff secure facility	
Number of residents admitted to facility during the past 12 months	17	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	17	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	14	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	38	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	42	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	
Physical Plant		

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
<p>Number of single resident cells, rooms, or other enclosures:</p>	12
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

4

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: *Select all that apply*

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: Department of Children and Families (DCF))
- N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

The Boys & Girls Village, Inc. (BGV) contracted with DX Consultants, LLC, 701 77th Avenue N, PO Box 55372, St. Petersburg, Florida 33702 for Prison Rape Elimination Act (PREA) audit services of the Re-entry, Goal-oriented, Individualized, Opportunity to Nurture Success (REGIONS). The PREA audit of the REGIONS was originally scheduled December 8-9, 2020. However, due to COVID-19, the audit was re-scheduled and conducted on May 18-19, 2021, by Dorothy Xanos, United States Department of Justice (US DOJ) Dual Certified PREA Auditor. The facility is one of three facilities run by Boys & Girls Village, Inc. This is REGIONS's first PREA audit. REGIONS is a twelve bed staff secure residential facility and is used as a program to therapeutically intervene in a cycle of offending and is designed to explicitly meet juvenile delinquency risk and needs. The average length of stay is four to six months. The youth at REGIONS are provided a motivation system to promote strengths and positive behavior, educational and treatment services.

The audit process began on April 1, 2021, with the Auditor sending an informational email to BGV's PREA Coordinator. The email contained a PREA Audit Notice in two languages (English and Spanish), the day the PREA Audit Notice to be posted, the PREA-Audit Questionnaire when it was due and the actual date of the onsite audit. Also, the email addressed the posting of the attached PREA Audit Notice containing the address residents and/or staff could correspond to and confidentially contact the Auditor prior to the onsite portion of the audit. The audit notices explained correspondence would be treated as legal mail to ensure confidentiality and privacy. BGV Director of Continuous Improvement/PREA Coordinator sent an email with photos of the notices, the date and location of where the notice was posted to verify the PREA Audit Notice was posted on April 6, 2021, six weeks prior to the date of the on-site audit in one location (doorway leading to second level) at the facility. The Auditor confirmed the notice through visual observation on the tour, photograph received via email and on the USB flash drive sent by the BGV Director of Continuous Improvement/PREA Coordinator. Throughout all the audit phases, the Auditor did not receive any confidential communication from the staff or from the residents as a result of the posted notices. Also, no resident specifically requested to speak with the Auditor during the on-site visit.

The Auditor completed a pre-audit review of the documentation using the Pre-Audit Questionnaire, policies, procedures, internet research, staffing plan, population reports, contracts, and supporting documentation for all forty-one (41) standards. The information necessary for the audit was provided on a secure USB flash drive received by April 19, 2021, and the format of the USB flash drive enabled the Auditor to easily review relevant information. The documentation uploaded to the secure USB flash drive was set up with folders for each standard and the information was organized, highlighted and easy to navigate, however the information in-regards to the Pre-Audit Questionnaire and supporting documentation did not sufficiently address twenty-four standards. Additional folders reviewed included the agency and facility mission statements, daily population reports for the past twelve (12) months, and the facility's schematics. The supporting documentation for the twenty-four standards was provided to the Auditor during the on-site and after the on-site visit to the facility.

During the pre-audit phase, a virtual conference call was conducted on May 4, 2021, with the BGV Director of Continuous Improvement/PREA Coordinator, Director of Residency Services, and Program Manager/PREA Compliance Manager to review the schedule for the on-site visit, discuss the Auditor's results of the Pre-Audit Questionnaire and supporting documentation provided on the secure USB flash drive. Also, the Auditor during the virtual conference call responded to any questions and requested for additional information to be sent to the Auditor prior to the on-site visit to the facility. The BGV Director of Continuous Improvement/PREA Coordinator sent the documentation (staff roster, staff schedule for random and specialized staff) to the Auditor prior to arrival to the facility. Also, supporting documents were provided during the on-site visit to address the deficiencies and are summarized in the report under the related standards. The BGV Director of Continuous Improvement/ PREA Coordinator maintained communication with the Auditor through email and telephone calls by responding to the Auditor's questions, comments and/or concerns in a timely manner. The Auditor maintained communications with the BGV Director of Continuous Improvement/PREA Coordinator prior to arriving on-site and after leaving the facility.

Prior to the onsite visit, the Auditor conducted a review of the Boys & Girls Village, Inc. website (<https://www.bgvillage.org>). The website includes a link to access the agency's published prison rape elimination act information. The website includes the agency zero tolerance policy and investigative information, prior reporting information call my contact information and annual report's. The agency provides the public access to its prison rape elimination act policy.

The Auditor arrived at REGIONS the afternoon of May 18, 2021. As a precaution due to the COVID-19 crisis, the Auditor, staff, and residents wore masks throughout the on-site visit. An entrance briefing was conducted with the BGV Director of Continuous Improvement/PREA Coordinator, Director of Residency Services, and Program Manager/PREA Compliance Manager. During the entrance briefing, the Auditor explained the audit process and a tentative schedule for two (2) days to include conducting the facility tour, interviews with the staff and residents, and supporting documentation verifications. Both days allowed the Auditor for staff observation and resident interactions across all three shifts.

The Director of Residency Services, and Program Manager/PREA Compliance Manager provided a complete guided tour of the entire facility. The Auditor had full access to all areas at REGIONS including the school building on the agency's campus. The tour was conducted including the secure front entrance, visitation, conference room, multipurpose area, weight/laundry room and six administrative offices are on the lower level of the facility. The second level of the facility included twelve single occupancy bedrooms, four single occupancy bathrooms, staff station area, medical office, community room (multi-purpose area), peace room (therapy/quiet room), kitchen area and three administrative offices. Also, located in the community room or two secure grievance boxes. One of the boxes is checked daily by the Director of Residency Services and the other box is checked by the Ombudsman once a week.

During the tour, the Auditor was observing for blind spots, mirror placements and observed cameras and the video surveillance system which enhances their capabilities to assist in monitoring blind spots and the review of incidents. At the time of the tour, residents and staff were returning from school. The Auditor was able to observe the overall level of supervision of the resident population, staff interactions with the residents and the opposite gender announcements. The Auditor observed the four resident individual bathroom/shower areas to ensure residents could utilize the restroom, change clothing and shower without staff of the opposite gender observing the residents fully naked. There were no cameras installed in the bathroom/shower area, so residents are not seen on the surveillance system while showering or toileting. Notification of the PREA audit was posted in several locations throughout the facility as well as the PREA posters and other PREA related materials. The Auditor observed postings informing residents of the telephone numbers to call and report sexual abuse/sexual harassment and to call the victim advocate for emotional support services.

During the two (2) day on-site visit there were a total of two male residents in the facility. The Director of Residency Services provided the Auditor with both resident's names who were present in the facility on the first day of the on-site visit. Due to COVID-19 the facility was not at full capacity. Only one resident was formally interviewed by the Auditor. The other resident was not available and was off campus for a doctor's visit. None of the residents identified from the required list of target resident interviews. The required categories are as follows: Lesbian, Gay or Bi-sexual, physical disability (Blind, Deaf or Hard of Hearing); Limited English Proficient (LEP); Transgender or Intersex; resident with a cognitive disability; resident in isolation; who reported sexual abuse and who reported sexual victimization during risk screening. The resident interview indicated he was well informed of his right to be free from sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment using several ways of communication such as trusted staff, administrative staff, the hot line telephone number and the grievance process. Also, twelve resident files (active and closed) were reviewed including medical records and additional documentation was completed as well.

There is evidence of BGV obtaining a Memorandum of Understanding with Rape Crisis Center of Milford dated 04/05/19 to provide the programs/resources for REGIONS. The Rape Crisis Center of Milford is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free telephone number. Also, the Auditor contacted a representative from The Rape Crisis Center of Milford via telephone after the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services, crisis intervention, relevant referrals and follow up.

The Rape Crisis Center of Milford's representative indicated there have been no calls from residents in the past twelve months requesting emotional support services related to sexual abuse or sexual assault at the facility. Also, the Rape Crisis Center of Milford representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. The Auditor was advised The Rape Crisis Center of Milford's representative before COVID-19 provided cross training to the REGIONS staff and in the process of scheduling training for this year.

Sixteen (16) staff were formally interviewed including (7) staff from all three (3) shifts (supervisory and floor staff), Director of Residency Services; Program Manager (investigation questions); (1) human resources; (1) retaliation & upper level management; (1) medical staff; (1) mental health staff & risk screening staff; (1) intake & review team; (1) staff supervise residents in isolation, cross gender & first responder and (1) contractor were interviewed during the two (2) days of the on-site visit. Also, interviews were conducted via telephone with the BGV Director of Continuous Improvement/PREA Coordinator and VP Juvenile Justice Services (agency head representative) prior to the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the BGV Director of Continuous Improvement/PREA Coordinator, Director of Residency Services, Program Manager/PREA Compliance Manager, Clinical Manager, and Milieu Coordinator. At the exit debriefing, the Auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. Based on the findings during the Pre-Audit and On-Site Audit phases, the auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the facility, what the Auditor learned in the course of interviewing staff and residents, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in a final report.

Also, during the exit briefing there was a discussion to send the Auditor additional documentation for six standards and the information would be sent to the Auditor within the next three weeks for compliance with all the previous standards. The requested information was sent to the Auditor by the BGV Director of Continuous Improvement/PREA Coordinator prior to the submission of this report. The Auditor reviewed all requested information, and this facility is in full compliance with the PREA Standards.

Facility Characteristics

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

Re-entry, Goal-oriented, Individualized, Opportunity to Nurture Success (REGIONS) is a twelve bed staff secure residential male facility located in Milford, Connecticut and is one of three facilities operated by the Boys & Girls Village, Inc. The facility is funded by the State of Connecticut Judicial Branch, Court Support Services Division (CSSD). REGIONS is a residential program for boys ages 14 to 18 where the adolescent is involved with the judicial system. The goal of the program is to therapeutically intervene in the cycle of offending and is designed to address juvenile delinquency risk and needs. Residents for the facility have a lengthy history of involvement with the juvenile court system and have experienced a variety of challenges including the educational setting, disengagement from past treatment services, involvement with antisocial peers, a lack of pro social and developmentally appropriate recreational activities, have exhibited impulsive and or oppositional behaviors, and often have experienced significant family distress.

REGIONS is a two story residential structure. The facility has a secure front entrance, visitation, conference room, multipurpose area, weight/laundry room and six administrative offices are on the lower level of the facility. The second level of the facility included twelve single occupancy bedrooms, four single occupancy bathrooms, staff station area, medical office, community room (multi-purpose area), peace room (therapy/quiet room), kitchen area and three administrative offices. The facility is operated as a staff secure program with a direct supervision model. The program provides a home like environment with a therapeutic, trauma informed, culturally responsive milieu. These services include assessment, treatment, attainment of individualized goals, vocational instruction and participation, on site schooling, and staff supported reintegration back into the community. The staff reviews behaviors daily, corrective teaching is utilized on an ongoing basis and the program includes a motivation system to promote strengths and positive behavior.

The facility has a multifaceted treatment team who meet monthly to discuss progress and plan for the next steps to support a successful transition at discharge. There are three phases within the program: Rookie, Pro and All Star. In each of these phases, there are different responsibilities and privileges that a resident has and movement from one phase to the next is based on evaluation of several factors including, behavior within the program. The facility relies on a multi-faceted treatment team to work alongside residents, families, and juvenile probation officers. This treatment team will work together to develop realistic, affordable, and sustainable treatment goals. The clinician will conduct a psychiatric evaluation and provide ongoing psychiatric oversight and medication management. A Care and Educational Coordinator will work closely with the resident's own school to ensure that educational needs are being communicated and educational goals are being met. Upon discharge each resident and family will be connected to the appropriate educational, treatment, pro social and basic needs resources as deemed appropriate. The average length of stay is four to six months. REGIONS was recently accredited by The Council on Accreditation (COA).

REGIONS is staffed with thirty-eight (38) full-time and part-time employees. The staff consisted of: Director of Residency Services, Program Manager; Milieu Coordinator; Care & Education Coordinator; (1) Clinical Manager; (1) Clinician; (1) Program Nurse; (2) Milieu Nurses; (4) Milieu Supervisors; (3) Reintegration Mentors; (1) Per Diem Relief Supervisor; (14) Youth Mentor; (4) Mentor-Per Diem; (1) Lead Housekeeper; (1) Utility Worker and (1) Maintenance Groundskeeper at the facility.

REGIONS has a Program Nurse (RN) and two Milieu Nurses who complete the initial intake medical assessment of each resident. One of the milieu nurses completes the physical assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. Also, dental services are provided by an outside source consisting of dental care, cleaning, education, and treatment fillings to extractions. The facility will send a resident to Yale Hospital for the forensic medical examinations and emergency care at no financial cost to the resident. Mental health services at the facility are provided by the Clinician. The services will consist of the initial mental health assessment and will refer residents to outside mental health and substance abuse services for any additional services deemed necessary to assist the resident.

REGIONS residents attend school on the BGV Milford campus called Charles Hayden School. The school is operated year-round and allows residents to continue their education while receiving assistance and support with their treatment needs while at the program. The credits earned in the school by the residents can be transferred back to their public school if is a part of their individualized treatment plan. The school is equipped with a library including technological equipment to enhance student learning. Also, residents participate in a variety of recreational opportunities on campus.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

The Auditor determined the Boys & Girls Village Inc. has developed appropriate policies and procedures that aid in prevention, detection and response to sexual abuse and sexual harassment. The Auditor found the facility's staff are well trained and retained information provided through the agency's training efforts. The Auditor formally interviewed staff and determined staff understood their responsibilities in the agency's policies and procedures (Manual) regarding the prevention, detection, and response towards acts of sexual abuse and sexual harassment. Staff understand their roles as first responders to incidents of sexual abuse and sexual harassment. The Auditor determined the facility has been successful in developing a zero-tolerance culture towards all forms of sexual abuse and sexual harassment. The Auditor discovered the facility's leadership support its staff in the prevention, detection, and response efforts. Facility leadership makes unannounced rounds throughout all facility areas to deter sexual abuse and sexual harassment.

The facility's population has been educated regarding the agency's prevention, detection and response efforts towards sexual abuse and sexual harassment. The resident interviewed informed the Auditor they were confident in staff's abilities and felt staff would maintain confidentiality with sexual abuse related information. The Auditor determined the facility is providing written information and effective comprehensive education to each resident upon intake/admission. Residents informed the Auditor they had been provided educational information. The facility provides readily available information to residents by posting materials throughout the facility, brochure, and resident handbook. The Auditor observed staff's interactions with the resident population while on-site. All interactions observed by the Auditor were professional and appeared as if staff have developed appropriate working relationships with the population. The resident interviewed by the Auditor felt safe in the facility.

A review of files and other documentation has been difficult as minimal documentation was provided that would assist the Auditor in finding compliance. However, during and after the on-site visit the agency staff provided the Auditor with the missing documentation. The agency ensures its investigators are trained to conduct sexual abuse and sexual harassment investigations in confinement settings. Investigators understand how to conduct appropriate investigations following an allegation of sexual abuse and sexual harassment. The agency's investigator understands the requirement to refer criminal acts of sexual abuse to the local law enforcement agency for criminal investigation. The manual requires investigations be objective and are conducted promptly and thoroughly. Investigators are required to inform residents of investigative determinations at the conclusion of each investigation. The facility would conduct an incident review of all allegations within 30 days of the conclusion of the investigation, unless the allegation was unfounded by the agency's investigator.

The Auditor determined the facility meets (35) standards with (6) needing further review. Details of the corrective actions are included in the applicable sections of this report. The six (6) Standards 115.311, 115.313, 115.315, 115.316, 115.322, and 115.353 were reviewed once the requested information was sent to the Auditor. The Auditor reviewed all requested information that was sent by the BGV Director of Continuous Improvement/PREA Coordinator, and this facility is in full compliance with the PREA Standards.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Agency/Facility Organization Chart
- PREA Guide (employee reference binder)
- Staff screening and training
- Resident education
- Resident screening and use of screening information
- Facility response plan
- First responder duties
- Investigations and reporting process to residents

Interviews and Observations:

- BGV Agency Head (Representative - VP Juvenile Justice Services) interview
- BGV Director of Continuous Improvement/PREA Coordinator interview
- Program Manager/PREA Compliance Manager interview
- Staff interviews
- Resident interviews
- Facility Tour
- Zero Tolerance (PREA) posters
- PREA Audit Notifications

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 as an agency-wide policy and procedure outlining how each facility implements its approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment, including the definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers, and residents who had violated those prohibitions. The manual provided comprehensive guidelines and a training foundation for implementing each facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and sexual harassment of residents. Also, the manual includes the detection and prevention efforts i.e., screening and use, mechanisms for reporting, investigation, medical and mental health services, post-incident review. The agency head's (VP Juvenile Justice Services) interview confirmed the agency wide expectation of zero tolerance towards sexual abuse, sexual harassment and to provide resource allocation when needed.

The Auditor's review confirmed the policies and procedures (PREA Manual) are reviewed at least annually by the Board of Directors, President & CEO, Quality Assurance and Compliance Leadership. The PREA Manual is revised periodically (the last revision was 10/9/20), and copies of any revisions are available to all staff. The President & CEO sign a form attesting to the annual review, which is kept on file in the Administrative Assistant's office. During the review process of the PREA manual, the Auditor discovered information that was missing from ten standards related to the manual. The PREA Coordinator was advised of the missing information and the information was updated in the PREA Manual on 5/14/21. The PREA Manual was reviewed, implemented, and disseminated to all staff by the

PREA Coordinator. The Auditor was provided with documentation confirming all staff had been trained on the updated information.

A review of the agency organizational charts contained the designations of the PREA Coordinator and PREA Compliance Manager positions. The Boys & Girls Village, Inc. (BGV) has a designated juvenile PREA Coordinator his official title is the Director of Continuous Improvement and reports directly to the Vice President of Community Services and Quality Management. The PREA Coordinator works agency-wide to implement the PREA Standards and indicated he has sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance of three (3) residential facilities with the support of the executive administration. The PREA Coordinator is responsible for coordinating comprehensive PREA responses including technical and administrative guidance, creation of supporting policies and practices, interpretation relative to PREA implementation, design and modification of training, programming, investigation, and analysis, ensuring proper reporting, trend evaluation and provision of recommendations for improvement and compliance.

REGIONS's PREA Compliance Manager is the Program Manager who indicated he has sufficient time, authority to develop, implement and to oversee the facility's PREA compliance efforts to comply with the PREA standards and perform other duties as assigned. The agency's organizational charts support the requirement of the standard. Also, REGIONS's Director of Residency Services has created a PREA Guide, a staff reference/education binder located in the supervisor's office. The PREA Guide contains the policy, reporting process, victim advocate information, and forms for the facility staff in the event of an incident. The facility staff confirm their knowledge consistent with training material about their role in preventing, detecting, and responding to sexual assault claims. During the facility tour, observing posters throughout the facility reminds the staff and the residents of the administration's zero-tolerance expectations. Resident interview confirmed an environment free from sexual abuse and sexual harassment.

Corrective Action:

During the review process of the PREA manual, the Auditor discovered information that was missing from ten standards related to the manual. The PREA Coordinator was advised of the missing information and the information was updated in the PREA Manual on 5/14/21. The PREA Manual was reviewed, implemented, and disseminated to all staff by the PREA Coordinator. After the on-site visit, the Auditor was provided with documentation confirming all staff had been trained on the updated information.

Conclusion:

The Auditor's review of BGV PREA Manual (V 1.3), agency organizational charts, PREA Guide, staff training curriculums, resident education, and conducting interviews with administration, staff and residents confirmed the agency's commitment and dedication to maintain zero-tolerance towards sexual abuse and sexual harassment in the facility. The Auditor concluded the agency has developed an appropriate zero-tolerance policy that includes its prevention and detection response approaches toward allegations of sexual abuse and sexual harassment. The agency's administration has designated the PREA Coordinator to have sufficient authority, to develop, implement and oversee the agency's efforts. Interviews with the PREA Coordinator and PREA Compliance Manager supports compliance with all the standards and expectations of staff to protect, detect, and respond to sexual abuse and sexual harassment and prohibit behavior and sanctions of any form. Random staff interviews confirmed sexual abuse and sexual harassment is addressed, support a zero-tolerance culture, promote a sexually safe environment, and had knowledge of resources available if a concern arises.

Overall, the Auditor took into consideration the responsiveness to concerns identified in the PREA Manual and has determined the agency and the facility has complied with the requirements of this standard.

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Boys and Girls Village, Inc. website
- BGV Director of Continuous Improvement/PREA Coordinator's memo

Interviews and Observations:

- BGV Agency Head (Representative - VP Juvenile Justice Services) interview
- BGV Director of Continuous Improvement/PREA Coordinator interview

Summary Determination:

Boys & Girls Village, Inc. has not entered into or renewed a contract for the confinement of residents. BGV is not a public agency, it is a private nonprofit agency providing intensive therapeutic services in the community and residential programming. Several beds are funded through a contract with the Court Support Services Division of the Connecticut Judicial Branch. It does not subcontract beds to any other entities. A review of the Pre-Audit Questionnaire (PAQ) and the BGV Director of Continuous Improvement/PREA Coordinator's memorandum confirmed BGV does not subcontract beds to any other entities for the confinement of residents. Interviews with the Agency Head (Representative - VP Juvenile Justice Services) and BGV Director of Continuous Improvement/PREA Coordinator confirmed there are no subcontracts to any other entities (agencies) for the confinement of residents.

Conclusion:

Based on the review of the agency website, memo, and the interviews with the Agency Head (Representative - VP Juvenile Justice Services) and BGV Director of Continuous Improvement/PREA Coordinator confirms that currently there is no subcontract of beds with any other agencies. REGIONS is part of Boys & Girls Village Inc, a private nonprofit organization. The Auditor has determined the agency and the facility has complied with the requirements of this standard.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities))
- 2020 & 2021 REGIONS's Staffing Plan
- Annual Review (Staffing Plan)
- PREA Standards Compliance Checklist
- Facility Staff Work Schedules
- Daily Population Report for the past twelve (12) months
- Unannounced Rounds Sheet (2019 – 2021)
- Shift Reports (2021)
- Supplemental documentation for the corrective actions (training material and sign-in sheets)

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Milieu Coordinator interview
- Staff interviews
- Cameras and video monitoring
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 contained the required information identifying each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for departmental resident to staff ratios, physical plant, video monitoring (if applicable), and federal standards against abuse. BGV PREA Manual (V 1.3) requires the following considerations when determining staffing levels and video monitoring needs: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any findings of inadequacy from federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or residents may be isolated); The composition of the resident population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable state or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidences of sexual abuse; and any other relevant factors.

The staffing plan is reviewed annually with the administrative staff. Also, the PREA Manual (V 1.3) contained information identifying each facility shall comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts documenting the information in the facility "Unannounced Rounds Sheet" form that contains observations of all areas of

the facility monthly. If there is a circumstance where the staffing plan is not complied with, the facility's Director of Residency Services or designee must document and justify all deviations from the facility's staffing plan. Also, during the annual review, if the facility is not staffed in accordance with the staffing plan, the facility is required to provide a comprehensive written explanation to the BGV Director of Continuous Improvement/PREA Coordinator and provide possible solutions to increase the facility's staffing levels.

A review of the 2020 staffing plan contained the required elements of the standard including a detailed program staff overview, individual staff hours per year, facility description, and facility floor plans which was developed by the Director of Residency Services and the Program Manager/PREA Compliance Manager. Both 2020 & 2021 annual reviews were completed by the BGV Director of Continuous Improvement/PREA Coordinator, Director of Residency Services and Program Manager/PREA Compliance Manager to assess, determine, and document whether adjustments are needed to the facility's established 2020 staffing plan, the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adherence to the staffing plan. Identify the requirement of unannounced rounds to be conducted by an intermediate-level and higher-level supervisor and conduct these unannounced rounds monthly during all shifts. According to the PREA Manual (V 1.3) supervisory staff is prohibited from alerting other employees when the Director of Residency Services, Program Manager or Milieu Coordinator is conducting unannounced rounds to identify and deter sexual abuse and sexual harassment.

A review of REGIONS's staffing plan dated January 2020 indicated the facility at a minimum one staff per four residents on each shift. Also, there are both male and female staff on each shift. The documentation review of staffing plan, sampling of the "Unannounced Rounds Sheet" forms, video monitoring and staff schedules confirmed the facility exceeds the standard requirements of the staff-to-youth ratio as identified 1:8 during the resident waking hours and 1:16 during resident sleeping hours. Also, the documentation indicated the staffing plan is reviewed on an annual basis and the facility did not have any deviations from the staffing plan during the past twelve (12) months, their critical positions are always filled, it is a mandate and minimum staff ratios are always maintained.

Interviews with the BGV Director of Continuous Improvement/PREA Coordinator, Director of Residency Services and Program Manager/PREA Compliance Manager confirmed on an annual basis, there is a review of the facility's staffing plan, and the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. The Auditor reviewed both the 2020 & 2021 annual reviews and confirmed both staffing plans reviews were completed at a minimum annually.

REGIONS is a staff secure facility and utilizes constant video and staff's monitoring to protect the residents from sexual abuse and sexual harassment. The Director of Residency Services, Program Manager/PREA Compliance Manager and Milieu Coordinator conduct and document unannounced rounds on two of the three shifts and in all areas of the facility to monitor and deter staff sexual abuse and sexual harassment monthly. All unannounced rounds are documented on the "Unannounced Rounds Sheet" form which contains the information and observations of all areas of the facility. The Auditor reviewed a sampling of the "Unannounced Rounds Sheet" forms which included the staff identification, date and time, and confirmed the process takes place on two shifts at the facility monthly. Also interviews with the Director of Residency Services and Program Manager/PREA Compliance Manager confirmed the process takes place on both shifts in the facility monthly. During the on-site visit, the Auditor discussed with the Director of Residency Services and Program Manager/PREA Compliance Manager the unannounced rounds process. After the on-site visit, the Auditor was provided documentation to confirm the process was implemented on conducting unannounced rounds on all three shifts at the facility.

Corrective Action:

Documentation and interviews confirmed unannounced rounds were only completed on both shifts in the facility monthly. After the on-site visit, the Auditor was provided documentation to confirm the process was implemented on conducting unannounced rounds on all three shifts at the facility.

Conclusion:

The Auditor has determined after corrective actions had been implemented the facility meets the requirements of the standard. The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor concluded the staffing plan meets the requirements of the standard and has more than adequate staffing to ensure the protection of residents from sexual abuse and sexual harassment. The Auditor confirmed compliance through observations during the on-site visit, the facility tour, staff interviews, and sampling of unannounced rounds.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

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

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as facility's) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)

- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of residents reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.
- BGV Trainer PowerPoint (Frisk Searches)
- REGIONS's Pat Search Training Sign-In Sheets
- REGIONS's Staff Shift Schedule
- Supplemental documentation for the corrective actions (training material and sign-in sheets)

Interviews and Observation:

- Random staff and resident interviews
- Zero Tolerance (PREA) Posters
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 identified that all cross-gender strip searches and body cavity searches are prohibited, except in an exigent circumstance. If a cross gender strip search and/or body cavity search is required, it will be performed by a medical professional for the delivery of medical services and only after receiving authorization from the BGV Chief Medical Officer. The medical professional will complete an internal incident report and forward to the BGV Chief Medical Officer and BGV Quality Unit. The BGV PREA Manual indicated staff are prohibited from conducting cross-gender pat searches of residents except in an exigent circumstance. If staff is authorized to conduct a cross gender pat down search of transgender and intersex resident, it will be conducted in a professional and respectful manner and in the least intrusive manner consistent with security needs. Also, the BGV PREA Manual indicated any cross-gender searches of residents, the staff is required to complete an internal incident report.

Some random staff interviews could not confirm they are restricted from conducting cross-gender pat down searches except in exigent circumstances. Also, the staff were able to describe what an exigent circumstance would be but had limited knowledge of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. The Pre-Audit Questionnaire confirmed there were no instances of cross-gender strip or visual body cavity searches in the past twelve months. Also, the Pre-Audit Questionnaire confirmed there were no instances of cross-gender pat down searches of residents in the past twelve months. Random residents stated they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross-gender pat down search. Also, resident interviews confirmed they were never naked in full view of any staff of the opposite gender.

The BGV PREA Manual requires each facility to allow residents the opportunity 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 incident to routine bedroom/housing unit checks. Random staff and resident interviews confirmed residents can shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender

viewing them. During the facility tour, the Auditor observed all four bathroom/shower areas did allow for privacy.

The BGV PREA Manual prohibits staff from conducting for the sole purpose of determining the resident's genital status. If the staff cannot determine the resident's genital status, it may be determined during interviews with the resident, by reviewing medical records or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Also, the Pre-Audit Questionnaire confirmed there were no instances of transgender or intersex residents searched or physically examined for the sole purpose of determining the resident's genital status in the past twelve months. Random staff interviews identified the PREA Manual on prohibiting staff from searching or physically examining a transgender or intersex resident for purpose of determining the resident's genital status.

The BGV PREA Manual requires the opposite gender staff shall announce their presence when entering a bedroom/resident housing unit. Random staff and resident interviews indicated staff of the opposite gender entering the bedroom area would consistently announce themselves. The residents confirmed female staff do not enter the bathroom/shower areas while in use. BGV has staff training, a review of the training documentation including a "Frisk Searches" power point, Pat Search Training Sign-In Sheets and staff interviews confirmed receiving the annual training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful, professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Corrective Action:

Random staff interviews indicated limited knowledge of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. All staff were re-trained on the procedures for securing authorization to conduct cross gender pat down searches and searches of transgender and intersex residents in a professional manner consistent with security needs and documenting those searches. The BGV Director of Continuous Improvement/PREA Coordinator provided the training documentation to the Auditor demonstrating corrective actions have been taken with this standard prior to submission of the report.

Conclusion:

The Auditor has determined after corrective actions had been implemented the facility meets the requirements of the standard. The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor reviewed training power point, training sign in sheets, internal incident report, staff shift schedules, made observations during the tour, and interviewed staff and residents in determining compliance with this standard. The Auditor confirmed through the interview process staff had been appropriately trained on how to conduct opposite gender announcements when entering the bedroom areas. The residents had the ability to shower, change clothes and use the bathroom with a level of privacy. Staff have been trained to treat transgender and intersex residents respectfully and professionally in the facility. The Auditor determined the facility meets the requirements of this standard.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- BGV PREA Training PowerPoint
- Language Line Services, Inc.
- BGV "End The Silence" PREA brochure (English and Spanish)
- BGV "End The Silence" PREA form (English and Spanish)
- REGIONS Resident Handbook

- 12 resident (active and closed) files (End The Silence form, PREA Education Review form, and PREA Session document)
- Supplemental documentation for the corrective actions (postings, training material and sign-in sheets)

Interviews and Observation:

- Random staff interviews
- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Clinical Manager interview
- PREA Poster
- Zero Tolerance (PREA) Posters
- PREA Alliance Member Centers (posting)
- Connecticut Alliance to End Sexual Violence (posting)
- Facility Tour (postings)

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 contained procedures to be taken to ensure residents with disabilities or who are limited English proficient have an equal opportunity to participate in or are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and sexual harassment. Efforts shall include the use of interpreters, written material, or other formats or methods that ensure effective communication with resident's disabilities, including residents who have intellectual, psychiatric, or speech disabilities, limited reading skills, who are blind or have low vision, deaf, or are Limited English Proficient (LEP). Also, BGV complies with the regulations of the Americans with Disabilities Act. The BGV PREA Manual prohibits any facility to rely on resident interpreters, resident readers, or any kind of resident assistants except in limited circumstances when an extended delay in obtaining interpreter's services could compromise a residents' safety, the performance of first-responder duties or the investigation of the resident's allegations.

The Auditor was provided an active contract with Language Line Services, Inc. that had been established since 2015. The interpreter services provide a number of varied languages to the staff and is available 24 hours per day, seven days a week. During the facility tour, the Auditor observed readily available PREA postings and sexual abuse/sexual harassment materials posted throughout the facility in English and Spanish. Residents are provided verbally an orientation on PREA and provided a brochure called "End The Silence" during the admission process into the facility. Residents receive additional education on PREA approximately seven days after admission to the facility. The Auditor reviewed twelve resident records. All twelve residents had signed both "End The Silence" and "PREA Education Review" forms denoting their attendance and receipt of the information.

Resident interviews confirmed the education process during intake/admission to the facility and their knowledge of the PREA postings. During the on-site visit, there were no residents housed who were identified as limited English proficient, blind, deaf, hard of hearing, or who had a cognitive disability. The Director of Residency Services interview indicated if a resident exhibit such a disability, arrangements will be made to provide the necessary and required assistance. Also, the Director of Residency Services confirmed in the past twelve months the facility did not have any instances of resident interpreters, assistance or readers being used for reporting allegations of sexual abuse or

sexual harassment. An interview with the Clinical Manager confirmed services are required and the staff would make the necessary commendations beginning at the admission process and throughout their resident's length of stay.

Random staff interviews indicated limited knowledge of the outside agencies providing services to the facility but indicated they would not rely on the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment except in limited circumstances when an extended delay in obtaining interpreter's services could compromise an residents' safety, the performance of first-responder duties or the investigation of the resident's allegations. Also, Charles Hayden School provides education to the residents located on the campus. The education instructors could provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis.

The Auditor reviewed the staff training documentation, BGV brochure and the resident handbook which contained information on providing appropriate explanations regarding PREA information to residents based upon the individual needs of the resident. The facility's Care and Education Coordinator provides the PREA education during the admission process, documents electronically and retains "End The Silence" and "PREA Education Review" forms.

Corrective Action:

Random staff interviews indicated limited knowledge of the outside agencies providing services to the facility but indicated they would not rely on the use of resident assistants in relation to reporting allegations of sexual abuse or sexual harassment except in limited when an extended delay in obtaining interpreter's services could compromise an residents' safety, the performance of first-responder duties or the investigation of the resident's allegations. All staff were re-trained on interpreter services provided at the facility and the process on how to obtain these services. The BGV Director of Continuous Improvement/PREA Coordinator provided the training documentation to the Auditor demonstrating corrective actions have been taken with this standard prior to submission of the report.

Conclusion:

The Auditor has determined after corrective actions had been implemented the facility meets the requirements of the standard. The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility has taken reasonable steps to ensure residents have access to postings and materials regarding PREA. The Auditor confirmed compliance through observation and review of postings, sexual abuse and sexual harassment materials, resident handbook, resident records, training records, interpretive services contract, staff and resident interviews.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

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

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: forty-two
- Pre-Audit Questionnaire review - In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: one
- 19 Staff and Contracted Personnel Files
- Background checks (Request for State, Federal & Child Abuse Registry Check)
- BGV PREA Employment Questionnaire form
- BGV VP of Human Resources memorandum

Interviews and Observation:

- BGV VP of Human Resources interview
- BGV HR Recruiter/Training Specialist interview

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 prohibits BGV staff to hire or promote anyone for a position that may have resident contact who has been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 civilly or administratively adjudicates to have engaged 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. Interviews with the HR staff supported the process of screening all applicants for employment including contracted and volunteer services at BGV. The HR staff utilizes a company called Trusted Employees who conducts the criminal record background checks of potential applicants, current employees and contractors who may have contact with residents. All approved contractors undergo the same screening process and complete the required BGV forms. REGIONS had four contractors and no volunteers during the audit process.

The Auditor reviewed nineteen staff and contract personnel files which contained the applicant's information, criminal background investigation information, and DCF CPS search (child abuse registry). Also, the Auditor's review revealed not all the staff personnel files contained the BGV PREA Employment Questionnaire form. However, the HR staff interviews confirmed the BGV PREA Employment Questionnaire form and process was implemented April 20, 2020. The HR staff indicated during the COVID-19 pandemic applicants were interviewed virtually and the BGV PREA Employment Questionnaire was reviewed verbally. The applicants confirmed they received and understood the form. The applicants completed the BGV PREA Employment Questionnaire form and returned the form directly to HR. Discussions with the HR staff indicated applicants with prior histories described in this standard would be prohibited from employment or contact with the resident population at any of the BGV facilities. Once an individual is approved for hire, the new employee begins the training/orientation process and is provided with the BGV Employee Handbook.

BGV HR personnel shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with incarcerated residents. BGV staff must ask all applicants and employees who may have contact with residents directly about previous misconduct noted above in written applications or interviews for hiring or promotions. BGV HR staff confirmed that all applicants and employees considered for promotion who have potential concerning issues in their work or personal history would be brought to the BGV VP of Humans Resources before an offer of a position in any of the BGV facilities is considered. BGV HR staff have a process in place to reach out to former employers to obtain references on both applicants and contractors on any potential concerning issues, disciplinary actions or investigated for sexual misconduct.

BGV PREA Manual (V 1.3) requires a criminal background shall be conducted before hiring new employees and enlisting services of any contractors who may have contact with residents and will 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. Also, BGV PREA Manual (V 1.3) indicated the requirement of information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be furnished to any institutional employer in which the employee has applied to work provided the request is written. As indicated above the Auditor reviewed nineteen staff and contract personnel files which contained the applicant's information, criminal background investigation information and confirmed employment verification process on reaching out to former employers to obtain any potential concerning issues, disciplinary actions or investigated for sexual misconduct. REGIONS had four contractors during the audit process.

BGV PREA Manual (V 1.3) requires criminal background records check is completed at least every five (5) years for current employees and contractors who have contact with residents. Also, BGV PREA Manual (V 1.3) requires a continuing affirmative duty for employees to disclose any such conduct and material omission or the provision of materially false information by an employee is subject to termination. The Auditor's review of the random sampling of personnel files confirmed current employees over five years had criminal background checks completed in the last five years. BGV VP of Humans Resources interview confirmed criminal background checks are conducted every five years. Also, she confirmed there is an affirmative duty to disclose any arrests or previous misconduct by all employees at hire and anytime there is a law enforcement contact. All current employees are trained annually and the BGV Employee Handbook contains the employee's obligation to disclose any arrests or previous misconducts anytime during their employment.

Conclusion:

The Auditor has concluded BGV has extensive initial background checks to include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, driving records check, child abuse registry checks, sex offender registry checks and best efforts to contact all previous institutional employers for information on substantiated allegations of sexual abuse, consideration of incidents of substantiated sexual harassment when determining whether to hire or promote staff or enlist the services of any contractor who has contact with residents and any resignation during a pending investigation or an allegation of sexual abuse. The Auditor reviewed BGV PREA Manual (V 1.3), staff and contract personnel files and interviewed HR staff to determine the agency meets the requirements of this standard.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- BGV Director of Continuous Improvement/PREA Coordinator memorandum
- Schematic and Diagrams

Interviews and Observation:

- BGV VP Juvenile Justice Services interview
- BGV Director of Continuous Improvement/PREA Coordinator interview

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires all designing or acquiring new facilities and in planning substantial expansion or modification of existing facilities to consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from harm, including sexual abuse. REGIONS has not undergone any substantial expansion or modification in the past twelve months. The agency and facility staff interviews indicated designing, acquiring, or planning substantial modifications to facilities are researched and designed to comply with the standards for zero tolerance and the ability to protect residents from sexual abuse. Any type of modification to a facility is monitored and there is site supervision during the process.

BGV PREA Manual (V 1.3) requires any installing or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology to be considered how such changes may enhance the facility's ability to protect residents from harm, including sexual abuse. The facility had purchased an additional camera which was installed in the resident visiting area in the past twelve months. During the tour, the Auditor observed cameras throughout the facility and reviewed the video surveillance system in the Director of Residency Services office. The video surveillance system will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Also, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility. The Auditor observed during the tour, the facility had the PIPE/Guard 1 system which is another monitoring system of residents. The agency and facility staff interviews confirmed there had been one additional camera installed but no upgrades to the video monitoring system in the past twelve months.

Conclusion:

The Auditor confirmed compliance through a review of the BGV PREA Manual (V 1.3), staff interviews, observations during the onsite visit, and the facility tour and has determined the facility meets the requirement of this standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

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

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

115.321 (c)

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

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

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

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

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

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

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of forensic medical exams conducted during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by SANE/SAFE during the past 12 months reported was zero.
- Pre-Audit Questionnaire review - In the past 12 months, the number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.
- Rape Crisis Center of Milford Memorandum of Understanding
- "End The Silence" REGIONS PREA brochure

- BGV Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- Rape Crisis Center of Milford Representative interview
- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Random staff interviews
- Medical and mental health staff interviews

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires, protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Also, BGV PREA Manual (V 1.3) requires an administrative or criminal investigation conducted in accordance with PREA standards shall be completed for all allegations of sexual abuse and sexual harassment. All staff is required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All BGV staff is required to refer all alleged incidents of sexual abuse, sexual harassment, or sexual misconduct to their supervisor, Director, and follow the chain of command. If the allegation is an alleged sexual abuse an appears to be criminal in nature, the Director or designee will contact to the Connecticut State Police (CSP) or Milford Police Department (MPD) to conduct a criminal investigation at the facility. Also, the BGV staff will notify the Department of Children and Family (DCF) and the Ombudsman Office of any alleged incidences of sexual abuse, sexual harassment, or sexual misconduct. BGV staff are not responsible for the completion of criminal investigations and conducts administrative investigations of the alleged incidents.

Agency and some facility staff interviews confirmed Milford Police Department (MPD) or Connecticut State Police (CSP) conduct criminal investigations. Administrative investigations are conducted by BGV staff who have completed the investigation training. Also, staff interviews confirmed their knowledge on evidence protocol and their role as first responders and how to preserve evidence until local law enforcement officers MPD or CSP arrived at the facility.

BGV PREA Manual (V 1.3) requires when requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. A qualified BGV mental health staff member or qualified community-based staff member includes 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. Requires a history be taken by a health care professional who will conduct a forensic medical examination to document the extent of physical injury. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) where possible. There will be no financial cost to the resident for this examination. The Auditor confirmed there is no financial cost to the resident for a forensic examination. The facility will send a resident to Yale Hospital for the forensic medical examinations and emergency care at no financial cost to the victim.

There is evidence of BGV obtaining a Memorandum of Understanding with Rape Crisis Center of Milford dated 04/05/19 to provide the programs/resources for REGIONS. The Rape Crisis Center of Milford is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free

telephone number. Also, the Auditor contacted a representative from Rape Crisis Center of Milford via telephone after the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services, crisis intervention, relevant referrals and follow up. The Rape Crisis Center of Milford's representative indicated there have been no calls from residents in the past twelve months requesting emotional support services related to sexual abuse or sexual assault at the facility. Also, Rape Crisis Center of Milford's representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. The Auditor was advised Rape Crisis Center of Milford's representative before COVID-19 provided cross training to the REGIONS staff and in the process of scheduling training for this year.

Medical and mental health staff interviews indicated the facility will offer all victims access to forensic medical examinations without financial cost and the procedures to secure and obtain usable physical evidence when sexual abuse is alleged and confirmed in the event of an alleged sexual abuse occurrence. Also, the medical and mental health staff interviews confirmed residents would be transported Yale Hospital for the forensic medical examinations and emergency care at no financial cost to the victim.

BGV PREA Manual (V 1.3) and an interview with the BGV Director of Continuous Improvement/PREA Coordinator interview confirmed if Rape Crisis Center of Milford is unavailable to provide victim advocate services, the facility will contact another center in the Connecticut Alliance To End Sexual Event Violence Network who will provide a qualified staff member from the community-based organization to accompany the victim. During the facility tour, the Auditor observed the Connecticut Alliance To End Sexual Event Violence posting in the lower level visitation area and upper level community room (multi-purpose area) which provides a number of other community-based centers. The facility has available the REGIONS "End The Silence" PREA brochure and identifies for the residents to call a hotline number directly to Rape Crisis Center of Milford utilizing a telephone at the facility. Also, the brochure identifies Rape Crisis Center of Milford does not work for BGV and will make sure the report is confidential.

The BGV Director of Continuous Improvement/PREA Coordinator memorandum and Program Manager/PREA Compliance Manager interview confirmed in the past twelve months, there has been no allegation where a victim required a forensic medical examination.

Conclusion:

BGV utilizes the appropriate protocol to ensure immediate response to allegations of sexual assault. The facility provides the victim advocate information to all residents and ensures victims of sexual abuse will have access to a forensic examination by Sexual Assault Forensic Examiners (SAFEs). Interviews with staff confirm the utilization of a standard protocol for evidence collection in sexual abuse cases. The Auditor reviewed BGV PREA Manual (V 1.3), Memorandum of Understanding, and conducted interviews with agency and facility staff, and Rape Crisis Center of Milford (rape crisis center) representative. The Auditor has determined the facility meets the requirements of this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations of sexual abuse and sexual harassment received during the past 12 months were one
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations resulting in an administrative investigation during the past 12 months was one
- Pre-Audit Questionnaire review - In the past 12 months, the number of allegations referred for criminal investigation during the past 12 months was zero
- BGV Director of Continuous Improvement/PREA Coordinator memorandum
- BGV's website
- (4) Investigator training certificates/information
- Administrative investigation report
- Supplemental documentation for the corrective actions (training material and sign-in sheets)

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Random staff interviews

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires that all 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, and to document all such referrals. REGIONS does not employ individuals with law enforcement credentials however two individuals have completed the investigation training course this past year. These individuals are assigned to complete administrative investigations. Also, Program Manager/PREA Compliance Manager interview confirmed there had been one administrative investigation of sexual abuse in the past twelve months. An anonymous survey was submitted, and the administrative investigation concluded it was unsubstantiated due to lack of information.

BGV PREA Manual (V 1.3) requires notification to local law enforcement of all verified incident of sexual abuse of a resident by a staff member, contractor, or volunteer and sexual abuse between resident/resident shall be referred to the local law enforcement agency of jurisdiction for investigation and consideration of criminal prosecution. All staff is required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an incident or retaliation. All BGV staff is required to refer all alleged incidents of sexual abuse, sexual harassment, or sexual misconduct to their supervisor, Director, and follow the chain of command. If the allegation is an alleged sexual abuse an appears to be criminal in nature, the Director or designee will contact to the Connecticut State Police (CSP) or Milford Police Department (MPD) to conduct a criminal investigation at the facility. Also, the BGV staff will notify the Department of Children and Family (DCF) and the Ombudsman Office of any alleged incidences of

sexual abuse, sexual harassment, or sexual misconduct. BGV staff are not responsible for the completion of criminal investigations and conducts administrative investigations of the alleged incidents.

Also, the BGV Director of Continuous Improvement/PREA Coordinator will notify the CT Judicial Branch, Court Support Services Division (CSSD) of any incidents, referrals or allegations of sexual abuse or sexual harassment. The PREA policy can be found at the BGV's website, and the information is in REGIONS's PREA brochure "End The Silence" that is available in English and Spanish. Also, the parent/guardian is provided with an information packet identifying the zero tolerance to sexual abuse or sexual harassment and the hotline information on how to report.

BGV PREA Manual (V 1.3) requires that all investigators shall receive the general PREA training provided to all employees, and specialized training in conducting sexual abuse investigations in confinement settings that includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility has two agency staff and two facility staff who have undergone the investigator training. This was confirmed by the Auditor through staff interviews and training documentation. Interviews with the Director of Residency Services and the Program Manager/PREA Compliance Manager confirmed the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and would be advised on the progress of an investigation by the BGV Director of Continuous Improvement/PREA Coordinator. Also, BGV PREA Manual (V 1.3) indicated the PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be thoroughly investigated at the Agency and facility level. The Agency will request of the local law enforcement entity conducting a criminal investigation for a copy of their investigation procedures and guidelines. An interview with the BGV Director of Continuous Improvement/PREA Coordinator confirmed the process of Director of Residency Services contacting directly the Connecticut State Police (CSP) or Milford Police Department upon an allegation of sexual abuse, the progress, and tracking of a criminal investigation.

Corrective Action:

Random staff interviews confirmed their knowledge on the reporting, referral process and BGV's PREA Manual but indicated limited knowledge on the agency who conducts the administrative and criminal investigation in response to an allegation of sexual abuse and sexual harassment. All staff were re-trained on who conducts the administrative and criminal investigations in response to an allegation of sexual abuse and sexual harassment. The BGV Director of Continuous Improvement/PREA Coordinator provided the training documentation to the Auditor demonstrating corrective actions have been taken with this standard prior to submission of the report.

Conclusion:

The Auditor has determined after corrective actions had been implemented the facility meets the requirements of the standard. The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility has taken reasonable steps to ensure residents have access to postings and materials regarding PREA. The Auditor confirmed compliance through observation, published policy, investigator training documentation, and review of postings, sexual abuse and sexual harassment materials, and staff interviews.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Boys & Girls Village, Inc. PREA Training curriculum (power point)
- 2020 & 2021 – Relias Training Records

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Program Manager/PREA Compliance Manager interview
- Random staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires an in-depth PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. REGIONS ensures all staff are trained in the agency's zero tolerance policy for sexual misconduct toward residents. BGV promotes prevention is the top priority, commitment to safety and support for staff and residents, increased accountability, thorough and timely investigations, staff and resident education. The PREA training provided to BGV employees contains all eleven (11) topics consistent with this standard's requirements and is tailored to all facilities with the gender of their resident populations. These topics consist of: zero-tolerance policy, how to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, resident's right to be free from sexual abuse and sexual harassment, staff and residents rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents, dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including LGBTQI, and gender nonconforming residents, and relevant laws regarding the applicable age of sexual consent.

The facility staff receives training on professional and ethical boundaries relating not only to PREA but to their role as an employee. All new employees complete different training modules on the BGV on-line training system called RELIAS. The PREA training is instructor led utilizing the BGV's PREA Training power point. The Auditor reviewed randomly selected staff and training records including the power point presentation and observation of the day-to-day operations as well as staff interviews confirming the staff is receiving their required PREA training.

REGIONS staff receive ongoing training in a classroom setting as well as through the on-line RELIAS system. Random staff interviews confirmed receiving annual in-service training, their comprehension of the PREA guidelines on how staff and residents can privately report sexual abuse and sexual harassment and their obligation in preventing, detecting, and reporting any allegation of sexual abuse and/or sexual harassment. Also, the Auditor reviewed the documentation provided by BGV Director of Continuous Improvement/PREA Coordinator had the staff's annual PREA training (2020 & 2021) conducted within the past twelve months. Agency and program staff have the capabilities to monitor staff's completion of training through electronic verification.

Conclusion:

All staff are trained in BGV PREA Manual (V 1.3) that identifies zero tolerance towards sexual assault and sexual harassment of residents. Random staff interviewed formally and as part of the tour confirmed regular training on PREA. The Auditor formally interviewed facility staff who were knowledgeable of the required training topics identified in this standard. The staff responses support a clear education program where key elements have been reinforced and training information is retained. The Auditor reviewed BGV PREA Manual (V 1.3), training curriculum (power point), and training records. The Auditor has determined the facility meets the requirements of this standard.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Boys & Girls Village, Inc. PREA Training curriculum (power point)
- "End The Silence" REGIONS PREA brochure
- 4 Contracted Personnel Files

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Random staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires 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, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the 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 be informed how to report such incidents. Long-term, full-time contract staff with resident contact shall comply with the same orientation and training as equivalent BGV employees. The facility had four contractors and no volunteers in the past twelve months. Interviews with the Director of Residency Services and BGV Director of Continuous Improvement/PREA Coordinator confirmed the facility had four contractors and no volunteers in the past twelve months. The Auditor reviewed the agency's power point presentation utilized to train volunteers and contractors. The volunteer and/or contractor is provided the facility's "End The Silence" REGIONS PREA brochure during their orientation training.

An interview with a contractor confirmed his knowledge of the required PREA training and BGV's zero tolerance of any form of sexual activity at the facility as well as his duty to report sexual abuse or sexual harassment. The contractor would undergo the PREA training consistent with the agencies PREA manual and power point which outlines training expectations on how to report a zero- tolerance culture, PREA definitions, knowing when and how to report concerns, and other required procedures. All individuals entering the facility will have access to the PREA information and how to report concerns. Also, in addition to the PREA training the volunteer and/or contractor will sign a BGV Confidentiality Agreement and an Acknowledgement of Receipt for the BGV Sexual Harassment Policy. Interviews with the Director of Residency Services and BGV Director of Continuous Improvement/PREA Coordinator confirmed the facility's training process for volunteers and contractors.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. Compliance was determined through the agency and facility staff interviews, contractor's interview, training curriculum, training records, and brochure. The Auditor has determined the facility meets the requirements of this standard.

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

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

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- "End The Silence" REGIONS PREA brochure (English and Spanish)
- REGIONS's resident handbook
- 12 resident (active and closed) files (End The Silence form, PREA Education Review form, and PREA Session document)
- End The Silence form (English and Spanish)
- BGV Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- Director of Diversionary Services interview
- Program Manager/PREA Compliance Manager interview
- Clinical Manager interview
- Random staff and resident interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires mandatory PREA information, both orally and in writing for residents to receive comprehensive age appropriate education information regarding safety, background information on PREA, prevention/intervention, self-protection, reporting and treatment/counseling, and confidentiality. During the intake process, the staff provides residents education on the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The Auditor reviewed the initial intake/admission process confirming the assigned staff utilizes the resident orientation packet which consists of the brochure and various other forms for residents to sign verifying receipt for all information regarding orientation to the facility. The staff reviews this detailed information verbally with the resident.

All residents are provided the "End The Silence" PREA brochure which is available in English and Spanish. The information includes their right to be free from sexual abuse and sexual harassment, how to report, their right to be free from retaliation for reporting sexual abuse or sexual harassment, prevention/intervention, self-protection, reporting and treatment/counseling. Also, the assigned staff presents PREA information in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session to the residents. The completion of the PREA education is documented electronically in the agency's CareLogic system and the residents sign "End The Silence" form acknowledging the education. Interviews with residents confirmed receiving PREA materials during the intake/admission process.

BGV PREA Manual (V 1.3) requires within ten (10) days of arrival residents receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. However, the assigned facility staff provides the residents with this information immediately upon arrival during their initial intake and orientation process. Also, the PREA information is provided again with the resident within 10 days and is documented on the "PREA Education Review" form and electronically in the agency's CareLogic system.

The Auditor reviewed twelve resident files confirming the resident is provided the PREA education upon arrival and within 10 days of the resident's arrival to the facility. Also, the staff completes the "End The Silence" form acknowledging they have provided the information to the resident and documents it electronically. Interviews with the facility staff, Clinical Manager, and residents confirmed PREA education is provided to all residents upon arrival to the facility and again within 10 days of the resident's arrival on information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting, access on emotional support services and the agency's response to allegations. Also, resident interviews indicated they received the PREA information and identified the receipt of the brochure the same day they arrived at the facility. PREA postings were observed during the tour at the facility, common areas and residents identified the postings as another source of information for them.

BGV Director of Continuous Improvement/PREA Coordinator memorandum and Program Manager/PREA Compliance Manager interview indicated residents are not transferred from one facility to another facility within the agency. Also, the Auditor interviewed a resident who confirmed they were educated regarding their rights to be free from sexual abuse sexual harassment and to be free from retaliation for reporting such incidences.

BGV PREA Manual (V 1.3) requires the facilities to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired. REGIONS's brochure is available in English and in Spanish. The Language Line Services, Inc. provides varied languages to the staff and is available 24 hours per day, seven days a week. Also, residents

attend BGV's Charles Hayden School who provides education to the residents and is a full school environment. The educational instructors screen all residents and those individuals identified with comprehension issues will be provided assistance. The educational instructors can provide support to residents with physical disabilities, cognitive limitations, and limited reading skills. Also, the REGIONS staff will read all PREA information during the resident's intake/admission to the facility and confirm verbally they understood and document the confirmation electronically in the agency's CareLogic system.

During the on-site visit, there were no residents housed who were identified as limited English proficient, blind, deaf, hard of hearing, or who had a cognitive disability. The Director of Residency Services interview indicated if a resident exhibit such a disability, arrangements will be made to provide the necessary and required assistance. Also, the Director of Residency Services confirmed in the past twelve months the facility did not have any instances of resident interpreters, assistance or readers being used for reporting allegations of sexual abuse or sexual harassment.

As indicated above, the Auditor reviewed a random sampling of twelve resident files and confirmed the PREA education is tracked by the facility electronically. The Auditor observed during the facility tour the staff support and ensure the PREA information is readily available through postings, "End The Silence" brochure, resident handbook, grievance boxes (Director of Residency Services and the Ombudsman), and other resources which includes the PREA Alliance Member Centers (telephone number, addresses and map locations) and Connecticut Alliance To End Sexual Violence information.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. Residents confirmed they are educated on PREA and the zero tolerance expectation during their admission to the facility. The facility staff reviews the information with the residents on the zero tolerance expectation towards sexual abuse, how to keep oneself safe and how to report a concern. The residents confirmed they received the "End The Silence" brochure and a resident handbook that contains the information of how to report sexual abuse and/or sexual harassment. The information reviewed is signed by the resident and is documented electronically. The facility has PREA educational materials available to residents in the form of postings, brochures, and resident handbook. Observations during the facility tour included grievance boxes (Director of Residency Services and the Ombudsman), PREA postings (zero tolerance), PREA Alliance's Member Centers and Connecticut Alliance To End Sexual Violence. Compliance was determined through the agency and facility staff interviews, resident interviews, resident files, education materials, resident handbook, brochure and postings. The Auditor has determined the facility meets the requirements of this standard.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- National Institute of Corrections (NIC) "PREA: Investigating Sexual Abuse in a Confinement Setting" training course
- (4) Training certificates/information

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Program Manager/PREA Compliance Manager interview
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires the agency's administration to ensure all investigators are professionally trained in conducting investigations in confinement settings. The agency staff conduct the administrative investigations and are required to receive investigator training. The criminal investigations will be conducted by Connecticut State Police or local law enforcement agencies. The Director of Residency Services or designee is required to refer alleged incidences of sexual abuse or sexual assault to the Connecticut State Police (CSP) or local law enforcement agencies to conduct criminal investigations. There are four trained agency and facility staff available to conduct administrative investigations. All four agency and facility staff have completed the National Institute of Corrections online course called "PREA: Investigating Sexual Abuse in a Confinement Setting".

The Auditor reviewed the training information and interviewed one of the trained investigators confirming the completion of the required investigation training. An interview with the Program Manager/PREA Compliance Manager confirmed completing the required investigation training consisted of 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 or prosecution referral. Also, the assigned investigator will conduct an initial inquiry into the alleged allegation of sexual abuse or sexual harassment, subsequently conduct an administrative investigation and when necessary, refer the information to the Connecticut State Police (CSP) for further investigation for the determination of criminal charges.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor relied on the one investigation, training materials (certificates and training course) and an interview with one of the investigators. He was able to describe the training provided and his approach to the investigation process. The Auditor has determined the facility meets the requirements of this standard.

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- National Institute of Corrections (NIC) "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" training course
- (3) Training certificates/information

Interviews and Observation:

- Program Manager/PREA Compliance Manager interview
- Medical and mental health staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires medical and mental health care practitioners to receive the specialized training mandated for employees or for contractors depending on the practitioner's status in BGV. Also, requires all full and part-time medical and mental health practitioners who work regularly in BGV facilities receives specialized training in: How to detect and assess for signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. BGV medical and mental health practitioners utilize the National Institute of Corrections (NIC) online course "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" to complete their specialized training. The medical and mental health practitioners (employee and contract) at the facility are required to complete the basic PREA training and the specialized training for medical and mental health staff in accordance with BGV requirements.

The Auditor conducted formal interviews with both medical and mental health practitioners who confirmed their understanding of the requirement to complete the specialized training, verified completing both the NIC specialized training and participating in the annual basic PREA training provided by BGV. Also, both medical and mental health practitioners' interviews confirmed they had

received the appropriate training in detecting/assessing for signs of sexual abuse and sexual harassment; preservation of physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicious of sexual abuse or sexual harassment. The medical staff advised they would treat the victim for life threatening injuries while preserving any evidence in the process. If a victim has no life threatening injuries the medical staff would obtain vital signs and any other information from the victim while waiting to be transported to the hospital.

Program Manager/PREA Compliance Manager interview and interviews with the medical and mental health practitioners confirmed the medical personnel do not conduct forensic examinations at the facility. The victim would be transported to Yale hospital for a forensic examination. The Auditor reviewed the training documentation for both the medical and mental health practitioners confirming the specialized training (“PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting”) was completed within the past twelve months.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor reviewed the training documentation and interviewed the medical and mental health professionals who confirmed their knowledge on how to report allegations and suspicions of sexual abuse or sexual harassment. The medical staff will not conduct a forensic medical examination but were knowledgeable of how to protect evidence and the hospital they would refer the resident for a forensic examination, if needed. The Auditor has determined the facility meets the requirements of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident’s confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 12 resident (active and closed) files

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Clinician interview
- Random staff and resident interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified. Also, residents are reassessed within seven days of admission and periodically if additional information has been provided to assist in making future decisions concerning the resident. Resident interviews and a review of the documentation (resident active and closed files) revealed the risk screenings are being conducted on the same day as their admission to the facility and reassessed within seven days.

The Auditor interviewed the Director of Residency Services, Program Manager/PREA Compliance Manager, and Clinician who confirmed and provided information on the screening process of residents admitted to the facility. The facility has multiple assessment tools to gather information of a resident. Also, the results from the assessments listed below is reviewed by the assigned clinical staff. The priority of the resident and staff is to maintain safety while at the facility. The primary assessments as provided to the Auditor are the following:

1. **Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB):** used to identify a resident's vulnerability to sexual victimization and sexually aggressive behavior. Assessment tool collects data on client history, sexual orientation, gender identification, social skills, history in residential placement, intellectual impairment, mental health issues, relevant observable features, and fit in placement
2. **Columbia Suicide Severity Rating Scale (CSSRS):** used to identify risk of suicide and inform decision making pertaining to resident safety, programming, bedroom assignment, monitoring status, and aftercare referrals.
3. **Trauma History Screen (THS) Youth Version:** used to identify trauma event(s) from a resident or their family's past. Results from this assessment will inform decision making pertaining to resident safety, programming, bedroom assignment, monitoring status, and aftercare referrals.
4. **Biopsychosocial Assessment:** used to gather a wide array of information relevant to treatment planning, clinical formulation, resident risk to self or others, medical history, psychiatric history, trauma history, education history, and family history. This assessment is also used to inform decision making pertaining to resident safety, programming, bedroom assignment, monitoring status, and aftercare referrals.
5. **Nursing Assessment:** two-part assessment used to collect any current and historical medical information relevant to resident care, treatment planning, and programming.
6. **Family Basic Needs Assessment:** used to identify any familial deficits in the following categories: shelter, food and clothing, transportation, finances, education/vocation, language, medical care, supports, and mental health.

BGV PREA Manual (V 1.3) requires the intake screening to include: prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender or intersex, and whether the resident may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions or separations from certain other residents. Also, BGV PREA Manual (V 1.3) limits staff access to this information on a "need to know basis" and prohibits the discipline of any resident for refusing to answer screening questions.

The Auditor reviewed twelve resident files which contained the Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and resident files. The VSAB developed by BGV for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the resident's criminal records, information from other treatment and justice settings, and the residents self-reported information. The staff completing VSAB form completes the scoring by obtaining information from several sources, interviews with the resident, observations made during the screening and review of court records, behavioral records, and other relevant documentation. The form is a set format with a checklist and simply asking for yes or no answers to the questions in collecting the data during the interview process and to determine the resident's score.

Upon admission, each resident is screened with an objective screening instrument for risk of victimization and sexual abusiveness called BGV Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form and within seventy-two (72) hours a mental health practitioner will conduct the other assessments listed above. Residents confirmed during the intake/admission process being asked the questions on whether they had been sexually abused, identified with being gay, bisexual or transgender, whether they had any disabilities and/or whether they think they might be in danger of sexual abuse at the facility. Although there has been no transgender or intersex resident admitted to the facility within the past twelve months, staff interviews confirmed consideration is given for the resident's own view of their safety in placement and programming assignments. The medical staff complete a medical screening during the intake/admission process which includes some PREA related questions. The mental health staff complete the various assessments as identified above during the intake process.

Interviews with the Director of Residency Services and Clinician indicated once a resident has been admitted into the facility a multidisciplinary treatment team consisting of individuals i.e. custody, medical, mental health, and education to continually assess the resident's needs and interactions while at the facility. Also, the Clinician confirmed that an initial screening is conducted within 24 hours of the resident's arrival. During the on-site visit, the Auditor while interviewing asked the staff to explain the intake/admission process. The Clinician indicated reviewing prior information in the court reports, health issues, classification assessments and past criminal behavior. Also, she confirmed the screening conducted includes any disabilities, age, physical build, current and previous juvenile programs, personal history, violent offenses, LGBTI status, mental illness, prior victimization, and assaultive behaviors. Those residents who score vulnerable to victim or sexually aggressive are included into their alert system, as well as receiving further assessments, as identified.

Staff interviews indicated residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health staff. These referrals to medical or mental health staff are documented. Residents are reassessed at a minimum within seven days and throughout their stay at the facility. The screening form "Vulnerability to Victimization and Sexually Aggressive Behavior" is utilized for the initial screening and for reassessing residents at the facility.

The Care and Education Coordinators, medical and mental health staff complete this screening and assessment information electronically in the agency's CareLogic system. The electronic system limits who may have access to the screening information, especially the residents more sensitive information. The staff are provided information as a "need to know basis" to keep residents safe.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The REGIONS staff ensures all residents are initially screened within 24 hours and reassessed within seven days to discover the level of risk of sexual victimization or sexual abusiveness by using an objective tool (VSAB). The medical and mental health professionals conduct various assessments which provides additional information on the residents' risk of sexual vulnerability or sexual violence. The initial screening and assessments account for all the factors required in the standard. The Auditor reviewed the resident files, interviewed staff and residents, and has determined the facility meets the requirements of this standard.

Standard 115.342: Use of screening information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)
- BGV Director of Continuous Improvement/PREA Coordinator memorandum
- 12 resident (active and closed) files

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Clinician interview
- Random staff and resident interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 describes the screening and assessment process and how that information, along with information derived from

medical/mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The assigned facility staff utilizes various forms (Vulnerability to Victimization and Sexually Aggressive Behavior) and any other pertinent information during the resident's admission process to determine placement of residents in a specific sleeping assignment according to their risk level (low, medium, or high).

There are twelve single bedrooms in the facility. If a resident should score as an individual with a known victim history or perpetration of sexual violence the facility has the capability of placing those individuals in a single room. A mental health professional is available to provide counseling for these individuals on site as well as the local rape crisis center (Rape Crisis Center of Milford).

BVA PREA Manual (V 1.3) isolation is prohibited in the agency facilities. Director of Residency Services and Program Manager/PREA Compliance Manager interviews and the BGV Director of Continuous Improvement/PREA Coordinator memorandum confirmed isolation is not utilized at the facility as a means of protective custody. If a resident had been sexually abused and did not feel safe in returning to the facility other alternatives would be arranged and the Court Support Services Division (CSSD) would be contacted for the resident's placement.

BGV PREA Manual (V 1.3) prohibits gay, bi-sexual, transgender and intersex residents being placed in a bed or other assignments based solely on their identification or status. Interviews with the Director of Residency Services and Program Manager/PREA Compliance Manager and Clinician described how information from the "Vulnerability to Victimization and Sexually Aggressive Behavior" form prohibits gay, bi-sexual, transgender and intersex residents being placed in a particular bedroom or other assignments based solely on their identification or status. Placement is considered on a case-by-case basis with ensuring the resident's health and safety and whether the placement would present management or security problems. Also, they described the screening and assessment process and how that information, along with information derived from medical/mental health screening and assessments, records reviews, database checks, conversations, and observations, is used to determine a resident's appropriate placement, bed assignments, as well as education and program assignments with the goal of keeping all residents safe and free from sexual abuse. The Auditor confirmed through interviews with random staff and residents there is no practice of housing LGBTI residents in a specific bedroom.

Documentation review confirmed the risk assessment occurred within seventy-two (72) hours and the residents received the rescreening as required. The facility does not have a designated bedroom for gay, bisexual, transgender or intersex resident. The facility did not have a resident who identified as transgender or intersex during the on-site visit, therefore the Auditor was unable to ask a resident of concerns regarding their placement, a special bedroom just for LGBTI residents, their safety, and request to shower separately. The Auditor observed during the tour all four bathroom areas allow for all residents to shower separately.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility has the appropriate procedures in place to prevent housing of potential or known victims or aggressors based on their screening process. Staff interviews confirmed and understood the need to protect potential victims from potential aggressors and how they observe and address any behaviors. Resident interviews confirmed how they feel about their safety which assist staff in the placement processing and programming. The facility did not have any transgender residents. The Auditor relied on documentation

and interviews to support the facility's procedures in protecting the rights of LGBTI residents. The Auditor observed during the tour how a transgender resident would have privacy during shower or bathroom use. The Auditor reviewed file documentation, use of the screening information, interviewed staff and residents, and has determined the facility meets the requirements of this standard.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?
 Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Rape Crisis Center of Milford Memorandum of Understanding
- PREA Postings (English & Spanish) and Rape Crisis Center of Milford information
- "End The Silence" REGIONS PREA brochure
- REGIONS intake family packet
- REGIONS's resident handbook
- Grievance form (English and Spanish)

Interviews and Observation:

- Program Manager/PREA Compliance Manager interview
- Rape Crisis Center of Milford representative's interview
- Medical and mental health staff interviews
- Random staff and resident interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 identified the multiple internal ways for residents to report sexual abuse and sexual harassment incidents, 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. During the intake/admission process, the staff provide residents with "End The Silence" REGIONS PREA brochure and resident handbook which contains the zero-tolerance information. Also, during the intake/admission process residents are advised they can tell any staff member, including contractors or volunteers, who are trained and required to report all allegations of sexual abuse or sexual harassment and in writing through the grievance procedure. The Auditor observed the facility's postings throughout the facility for multiple internal ways of reporting and two secure grievance boxes with grievance forms located in the community room (multi-purpose area) for residents to place confidential correspondence to the Director of Residency Services and Ombudsman.

Resident interviews indicated several ways to report sexual abuse and sexual harassment by telephoning the hotline, speak with a staff they trust, write a grievance, contact their juvenile probation/parole officer and about the anonymous reporting capability. During the intake/admission process residents are advised of their rights and sign a form acknowledging they had been advised of these rights. The resident identified both secure grievance boxes located in the community room (multi-purpose area) as another way to report sexual abuse and sexual harassment. The grievance form is available in both English and Spanish. Also, the residents identified the Ombudsman who comes to the facility weekly. The Program Manager/PREA Compliance Manager's interview confirmed the facility does not house juveniles for civil immigration violations.

The community victims' advocacy services address and telephone number are available to the residents located throughout the facility. There is evidence of BGV obtaining a Memorandum of Understanding with Rape Crisis Center of Milford dated 04/05/19 to provide the programs/resources for REGIONS. The Rape Crisis Center of Milford is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free telephone number. Also, the Auditor contacted a representative from Rape Crisis Center of Milford via telephone after the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services, crisis intervention, relevant referrals and follow up. The Rape Crisis Center of Milford's representative indicated there have been no calls from residents in the past twelve months requesting emotional support services related to sexual abuse or sexual assault at the facility. Also, the Rape Crisis Center of Milford representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. The Auditor was advised Rape Crisis Center of Milford's representative before COVID-19 provided cross training to the REGIONS staff and in the process of scheduling training for this year. Yale Hospital (SANE certified) provides the forensic medical examinations and emergency care at no financial cost to the victim.

BGV PREA Manual (V 1.3) identified the resident's accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/or parent/guardian, staff providing access to the hotline without asking the resident the purpose of the call, telephone Department of Children and Family (DCF), the staff requirement of mandatory reporting and completing an incident report. The facility has provided a method for staff to privately report sexual abuse and sexual harassment of residents.

Random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, from third parties, and their obligation of being mandated child abuse reporters. Also, the staff is provided information for reporting sexual abuse or sexual harassment in a confidential manner through a separate phone number outside of the facility. While touring the entire

facility, the Auditor observed postings of the PREA information and victim advocate services information throughout the facility. There are two secure grievance boxes with grievance forms located in the community room (multi-purpose area) for residents to place confidential correspondence to the Director of Residency Services and Ombudsman. The state of Connecticut's law requires notification of any abuse of juvenile residents to the Department of Children and Families (DCF). Medical and mental health staff interviews confirmed they discussed the requirements for informed consent and how they notify all residents during the intake/admission process on the limitations of their confidentiality.

The Program Manager/PREA Compliance Manager's and staff interviews confirmed residents are informed verbally and in writing on how to report sexual abuse and sexual harassment during the intake/admission process. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline number, DCF, placing a written complaint in the grievance box and external complaint to a third party (Ombudsman Office). Reporting procedures are provided to residents through the REGIONS Resident Handbook, "End The Silence" REGIONS PREA brochure and verbally during the intake/admission process.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. BGV provides multiple ways for residents and staff to report allegations of sexual abuse and sexual harassment including a public office (Ombudsman and DCF) that is not part of the agency who immediately forward the reports of sexual abuse and sexual harassment to the PREA Coordinator. The Auditor observed the facility's postings throughout the facility for multiple internal ways of reporting and two secure grievance boxes with grievance forms located in the community room (multi-purpose area) for residents to place confidential correspondence to the Director of Residency Services and Ombudsman. The Auditor reviewed file documentation, resident handbook, zero tolerance brochure, website postings, MOU, training documentation, interviewed staff and residents, and has determined the facility meets the requirements of this standard.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of resident's decision to decline, reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero
- Pre-Audit Questionnaire review - 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 a grievance in bad faith reported was zero
- REGIONS's resident handbook
- Grievance form (English and Spanish)
- BGV Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Random staff and resident interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 allows a resident to submit a grievance regarding an allegation of sexual abuse with no time limit. This allows for third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to

assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and permitted to file such requests on behalf of residents. Allows the facility to request the alleged victim to agree to third party grievances alleging sexual abuse. If a resident decline to have the request processed, the facility will document the residents' decision. Also, the manual prohibits the requirement a resident must first use an informal grievance process, or to otherwise attempt to resolve with staff, when reporting an allegation of sexual abuse. Allows a resident to submit a grievance without submitting to a staff member who is the subject of the complaint and prohibits the agency from referring the grievance to a staff member who is the subject of the complaint.

Also, BGV PREA Manual (V 1.3) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written grievance or complaint in both secure grievance boxes located in the community room (multi-purpose area) of the facility. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. The Director of Residency Services will review the complaint immediately and advise the resident of the outcome or status of the investigation. The manual describes an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents. BGV PREA Manual (V 1.3) requires a final agency decision within ninety (90) days on any portion of a grievance that alleges sexual abuse, and that the ninety (90) days shall not include time consumed by residents preparing any administrative appeal. Allows the agency to claim an extension of time to respond to a grievance up to seventy (70) days, with notification to the resident.

Director of Residency Services, Program Manager/PREA Compliance Manager, and staff interviews confirmed the residents receive an explanation on how to use the grievance process to report allegations of sexual abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or sexual harassment during orientation and they are provided with a resident handbook. Residents may place a written complaint (grievance) in both secured grievance boxes located in the community room (multi-purpose area). Also, random staff interviews confirmed they will accept allegations of sexual abuse or sexual harassment verbally, in writing, anonymously, and identified both secured grievance boxes (black boxes) located in the community room (multi-purpose area) at the facility. Also, the staff identified what to accomplish in situations of imminent risk, including the immediate separation of individuals, increase contact, support to the residents, immediately notify the Director of Residency Services, Supervisor and document the incident.

Resident interviews indicated there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in both secured grievance boxes (black box). Residents receive their handbook which includes a section regarding the process and submission of grievances. And how to utilize an emergency grievance for life threatening illnesses or injuries. Also, they would contact a trusted staff, telephone the hotline, parent/guardian, facility's administration, juvenile probation/parole officer in relation to sexual abuse or sexual harassment complaints. Residents were aware they could make an allegation of sexual abuse anonymously. The resident interviewed by the Auditor had not filed a grievance alleging an intimate risk of sexual abuse or an allegation of sexual abuse.

BGV PREA Manual (V 1.3) establishes an emergency grievance for a resident subject to a substantial risk of imminent sexual abuse, including an initial response within 24 hours and a final response within five (5) days. Also, the manual prohibits the discipline of a resident for filing a grievance related to sexual abuse only where the agency demonstrates the resident filed the grievance in bad faith. The Director of Residency Services and Program Manager/PREA Compliance Manager interviews indicated

emergency grievances are available and he reports the staff must respond within 24 hours and provide a final determination within five (5) days. Staff interviews confirmed the process on the response to the resident which includes whether the resident is at substantial risk of imminent sexual abuse and a supervisor's action taken in response to the emergency grievance. The Program Manager/PREA Compliance Manager's interview and BGV Director of Continuous Improvement/PREA Coordinator's memorandum confirmed there had been no grievances reported within past twelve months related to sexual abuse or sexual harassment complaints.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. Interviews with the administrative and facility staff identified what to accomplish in situations of imminent risk, including the immediate separation of individuals, increase contact, support to the residents, immediately notify the Director of Residency Services, Supervisor and document the incident. The Auditor reviewed the resident handbook, grievance form, interviewed staff and residents, and has determined the facility meets the requirements of this standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No

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

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Rape Crisis Center of Milford Memorandum of Understanding
- PREA Postings (English & Spanish) and Rape Crisis Center of Milford information
- "End The Silence" REGIONS PREA brochure
- REGIONS's intake family packet
- REGIONS's resident handbook
- Grievance form (English & Spanish) - Ombudsman

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator
- Program Manager/PREA Compliance Manager interview
- Rape Crisis Center of Milford representative's interview
- Medical and mental health staff interviews
- Random staff and resident interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires the facilities to provide residents outside victim advocate for emotional support services, access to confidential legal counsel and the facility to provide reasonable communication between residents, these organizations and agency, in as confidential a manner as possible. The facility shall inform residents prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The manual confirmed residents are provided access to an outside victim advocate for emotional support services, access to confidential legal counsel and reasonable access to parent/guardian.

During the facility tour, the Auditor observed the Connecticut Alliance To End Sexual Event Violence posting in the lobby/visitation area which provides a number of other community-based centers. The facility has available the REGIONS "End The Silence" PREA brochure and identifies for the residents to call a hotline number directly to Rape Crisis Center of Milford utilizing a telephone at the facility. Also, the brochure identifies Rape Crisis Center of Milford does not work for BGV and will ensure the report is confidential. The facility has another outside support service, the Ombudsman's office where a resident can place confidential correspondence in one of the secure grievance boxes located in the community room (multi-purpose area). The Ombudsman visits the facility weekly, checks the secure grievance box for correspondence from residents and speaks with the residents.

BGV PREA Manual (V 1.3) and an interview with the BGV Director of Continuous Improvement/PREA Coordinator interview confirmed if "Rape Crisis Center of Milford" is unavailable to provide victim advocate services, the facility will contact another center in the Connecticut Alliance To End Sexual Event Violence Network who will provide a qualified staff member from the community-based organization to accompany the victim. Medical and mental health staff interviews confirmed they discussed the requirements for informed consent and how they notify all residents during the intake/admission process on the limitations of their confidentiality.

The community victims' advocacy services address and telephone number are available to the residents located throughout the facility. There is evidence of BGV obtaining a Memorandum of Understanding with Rape Crisis Center of Milford dated 04/05/19 to provide the programs/resources for REGIONS. The Rape Crisis Center of Milford is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free telephone number. Also, the Auditor contacted a representative from Rape Crisis Center of Milford via telephone after the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services, crisis intervention, relevant referrals and follow up. The Rape Crisis Center of Milford's representative indicated there have been no calls from residents in the past twelve months requesting emotional support services related to sexual abuse or sexual assault at the facility. Also, the Rape Crisis Center of Milford's representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed. The Auditor was advised Rape Crisis Center of Milford's representative before COVID-19 provided cross training to the REGIONS staff and in the process of scheduling training for this year. Yale Hospital (SANE certified) provides the forensic medical examinations and emergency care at no financial cost to the victim.

Resident interviews confirmed they have reasonable and some confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone.

The facility provides weekly calls to parents/legal guardians, provides for the toll-free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. Also, resident interviews confirmed their knowledge of how to access outside services but did not know what kind of services is provided to them.

The Program Manager/PREA Compliance Manager's and staff interviews confirmed residents are informed verbally and in writing on how to report sexual abuse and sexual harassment during the intake/admission process to outside sources which includes "Rape Crisis Center of Milford" and the Ombudsman's Office.

Corrective Action:

Resident interview confirmed he had reasonable and confidential access to his attorney. Also, the resident interview confirmed his knowledge of how to access outside services but did not know what kind of services is provided to him. All staff were re-trained on who provides free confidential emotional support services (Rape Crisis Center of Milford) and the procedure on residence accessibility to telephone their attorneys. The BGV Director of Continuous Improvement/PREA Coordinator provided the training documentation to the Auditor demonstrating corrective actions have been taken with this standard prior to submission of the report.

Conclusion:

The Auditor has determined after corrective actions had been implemented the facility meets the requirements of the standard. The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility has taken reasonable steps to ensure residents have access to postings and materials regarding PREA. The Auditor confirmed compliance through observation, published policy, training documentation, and review of postings, sexual abuse and sexual harassment materials, victim advocate information, agency and facility staff and resident interviews.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- BGV website
- PREA Postings (English & Spanish) and Rape Crisis Center of Milford information
- "End The Silence" REGIONS PREA brochure
- REGIONS intake family packet
- REGIONS's resident handbook
- Grievance form (English & Spanish) - Ombudsman

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator
- Random staff and resident interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 identifies the agency's third party reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly to the Program Manager/Director. If determined an alleged sexual abuse appears to be criminal in nature the Connecticut State Police (CSP) or Milford Police Department would be contacted to conduct a criminal investigation. Also, the BGV staff will notify the Department of Children and Family (DCF) and the Ombudsman Office of any alleged incidences of sexual abuse, sexual harassment or sexual misconduct. BGV staff are not responsible for the completion of criminal investigations and conducts administrative investigations of the alleged incidents. The staff provides the parent/guardian with a packet containing varied forms, victim advocate services and third-party reporting information (brochure). There are several reporting options for the receipt of third-party reports of sexual abuse or sexual harassment. They may contact the agency PREA Coordinator or the Ombudsman Office or Department of Children and Family (DCF). This information is reported directly to the agency PREA Coordinator who will inform the facility's Program Manager/Director. There is information provided to residents in the PREA brochure, PREA postings, resident handbook and on the agency website.

BGV Director of Continuous Improvement/PREA Coordinator and staff interviews were able to describe how reports are made by third parties and confirmed if they receive allegations of sexual abuse or sexual harassment from third party reporters, the allegations would be reported directly to the Program

Manager and Department of Children and Family (DCF). If determined an alleged sexual abuse appears to be criminal in nature, the Connecticut State Police (CSP) or Milford Police Department would be contacted to conduct a criminal investigation. Third party reporters included 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.

The Auditor viewed the website, confirmed the information regarding third-party reporting. Resident interviews confirmed their awareness of reporting sexual abuse or sexual harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and some access to their attorney. Also, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. BGV provides multiple ways for residents and staff to report allegations of sexual abuse and sexual harassment including a public office (Ombudsman and DCF) that is not part of the agency who immediately forward the reports of sexual abuse and sexual harassment to the PREA Coordinator. The Auditor observed the facility's postings throughout the facility for multiple internal ways of reporting and two secure grievance boxes with grievance forms located in the community room (multi-purpose area) for residents to place confidential correspondence to the Program Manager and Ombudsman. The Auditor reviewed file documentation, resident handbook, zero tolerance brochure, website postings, training documentation, interviewed agency and facility staff and residents, and has determined the facility meets the requirements of this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Boys & Girls Village, Inc. PREA Training curriculum (power point)
- 2020 & 2021 – Relias Training Records

Interviews and Observation:

- Program Manager/PREA Compliance Manager interview
- Random staff interviews
- Medical and mental health staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires all employees, volunteers, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Information related to a sexual abuse report shall not be released to anyone other than to the extent necessary, as specific in the procedures, to make treatment, investigation, and other security and management decisions. All facility staff are mandated reporters and receive information on clear steps on how to report sexual abuse and to maintain confidentiality through the facility's protocol and/or training. Staff follow the appropriate immediate actions which consists of safeguard the residents involved; secure the scene of the incident where the alleged sexual abuse occurred on facility grounds; report the incident immediately through the chain of command and to DCF and complete an incident report.

BGV has identified the reporting process for all staff employed, contracted, or who volunteer to immediately report any knowledge, suspicion, or information they receive regarding sexual abuse and sexual harassment, retaliation against residents or staff who report any incidents, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews confirmed being mandated reporters and receiving information on clear steps on how to report sexual abuse, sexual harassment and to maintain confidentiality through the facility's protocol and/or training. All staff would complete an incident report with the details of any incidents that would occur in the facility. Staff are prohibited from sharing information with anyone who is not part of the investigation or reporting process. Also, BGV's confidentiality and employee handbook prohibit staff from sharing information with anyone who is not part of the investigation reporting process.

REGIONS's Director of Residency Services has created a PREA Guide, a staff reference/education binder located in the facility's visitor/lobby area. The PREA Guide contains the policy, reporting process, victim advocate information, and forms for the facility staff in the event of an incident. The facility staff confirm their knowledge consistent with training material about their role in preventing, detecting, and responding to sexual assault claims. Also, the staff indicated their obligation to notify parent or legal guardian of any allegation of sexual assault. Interviews with the medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. Also, the limitations of confidentiality are explained to the alleged victim and or parent and or legal guardian at the time the consent is signed.

The Program Manager/PREA Compliance Manager interview indicated all alleged sexual abuse or sexual harassment reports, regardless of where the information came from, is reported immediately to the Director of Residency Services, BGV Director of Continuous Improvement/PREA Coordinator and Department of Children and Family (DCF). If determined an alleged sexual abuse appears to be criminal in nature, the Connecticut State Police (CSP) or Milford Police Department would be contacted to conduct a criminal investigation. As noted previously, there are no current volunteers however there are four contractors at REGIONS.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility provides multiple ways for residents and staff to report allegations of sexual abuse and sexual harassment. The staff understand the requirement to maintain confidentiality with the information obtained by an allegation. Agency and facility staff interviews, contractor interview confirmed that staff/contractor are aware of the immediate need to report all accusations of sexual abuse or sexual harassment including third party and anonymous complaints. The Auditor reviewed confidentiality policy, employee handbook, training documentation, interviewed agency and facility staff, and has determined the facility meets the requirements of this standard.

Standard 115.362: Agency protection duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- BGV Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- Program Manager/PREA Compliance Manager interview
- Random staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. Interview with the Program Manager/PREA Compliance Manager indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal of the resident and to isolate the threat. The other random staff interviews indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator, and contact their immediate supervisor. Also, the staff would place the resident one-on-one for extra support and would contact mental health services.

REGIONS's staff has a process in place when identifying a resident who may be subject to a substantial risk of imminent sexual abuse the information is documented and the resident is placed on a watch status (one-on-one). BGV Director of Continuous Improvement/PREA Coordinator's memorandum confirmed there were no incidents involving an immediate action to protect a resident that was a substantial risk of imminent sexual abuse in the past twelve months at the facility.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility's staff identified what to do in situations of imminent risk, including immediate separation, increased contact, support to the residents, the notification of the chain of command and documentation of the incident. Also, the Auditor confirmed the staff take immediate and appropriate actions to ensure the protection of residents who are identified at substantial risk of imminent sexual abuse. The Auditor concluded through agency and facility staff interviews, observations and has determined the facility meets the requirements of this standard.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received from other facilities was zero
- BGV Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Random staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires upon receiving an allegation a resident was sexually abused while confined at another facility, the Director/ Program Manager, will notify the head of the other facility, CT Judicial Branch, Court Support Services Division (CSSD), Director of Continuous Improvement/PREA Coordinator, VP Juvenile Justice Services, law enforcement where the alleged abuse occurred and to report it as soon as possible but no later than 72 hours and shall be documented in accordance with BGV Manual. Also, according to manual the Director/Program Manager will complete an incident report.

Interviews with Director of Residency Services and the Program Manager/PREA Compliance Manager indicated per the manual an allegation made whereby a resident was sexually abused at another facility is required to be reported to the facility where the alleged sexual abuse occurred, the notification will be made as soon as possible and no later than 72 hours and shall be documented. Also, the BGV Director of Continuous Improvement/PREA Coordinator memorandum indicated there had been no allegation a resident was abused while confined at another facility or any allegations received from another facility during the past twelve months. Staff interviews confirmed if a resident alleged to have been sexually abused while confined at another facility, they would immediately report the allegation to their supervisor and submit an incident report which will include the details of the allegations as reported to them.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The agency and facility's staff confirmed their requirements of reporting to other confinement facilities of incidents of sexual abuse that had occurred in those facilities and to document the notification. The Auditor concluded through interviews, procedures in place and has determined the facility meets the requirements of this standard.

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

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

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations the facility received that a resident was sexually abused was zero
- Pre-Audit Questionnaire review - During the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero
- Pre-Audit Questionnaire review - of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff was the first responder were zero
- Boys & Girls Village, Inc. PREA Training curriculum (power point)
- 2020 & 2021 – Relias Training Records

- National Institute of Corrections (NIC) “PREA: Investigating Sexual Abuse in a Confinement Setting” training course
- (4) Training certificates/information
- BGV Director of Continuous Improvement/PREA Coordinator memorandum
- REGIONS's Sexual Abuse Incident Coordinated Response Plan

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Random staff interviews
- First responder interview
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires all staff to take specific steps to respond to a report of sexual abuse including: to separate the resident, protect any physical evidence by requesting that the victim does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating, protect any physical evidence by ensuring the alleged perpetrator does not destroy evidence (through washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking or eating), if the abuse took place within a time period that still allows for the collection of physical evidence and secure the crime scene. Also, the BGV manual requires that a victim shall be taken to medical staff as soon as possible or if no medical or mental health are on staff, shall ensure they are notified. Requires a first responder who is not a security staff shall request the victim not to destroy evidence and to notify a security staff.

REGIONS's Director of Residency Services has created a PREA Guide, a staff reference/education binder located in the supervisor's office. The PREA Guide contains the policy, reporting process, victim advocate information, response plan/checklist and forms for the facility staff in the event of an incident. The Director of Residency Services interview confirmed her knowledge of actions to be taken upon learning a resident was sexually abused and provided the action steps identified in the BGV manual.

An interview with a first responder and random staff interviews validated their technical knowledge of actions to be taken upon learning a resident was sexually abused and provided the action steps identified in the BGV manual of their responsibilities as a first responder and aware these duties. A review of the training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided with all types of additional training. BGV Director of Continuous Improvement/PREA Coordinator interview and memorandum indicated there have been no allegations a resident was sexually abused with a staff responding as a first responder or were notified within a time period that allowed for the collection of physical evidence during the past twelve months.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility has taken reasonable steps to ensure staff are trained in their responsibilities as first responder duties. The Auditor confirmed compliance through observation, training documentation, coordinated response plan, agency and facility staff interviews.

Standard 115.365: Coordinated response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- REGIONS's Sexual Abuse Incident Coordinated Response Plan
- Boys & Girls Village, Inc. PREA Training curriculum (power point)
- 2020 & 2021 – Relias Training Records

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Random staff interviews
- Medical and mental health staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 provides a written coordinated response system at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, executive

staff, medical and mental health practitioners, investigators, contacting law enforcement, and victim advocate services. The “Sexual Abuse Incident Coordinated Response Plan” form contained the required actions of staff written in the following sections: First Responders, Supervisors, Program Director and PREA Coordinator responsibilities/tasks.

Interviews with the Director of Residency Services and Program Manager/PREA Compliance Manager validated their technical knowledgeable of their duties to coordinate actions taken in response to a sexual abuse allegation. The facility has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, contacting law enforcement, victim advocate services, hospital, and a number of other individuals in response to sexual abuse allegations. Also, the staff utilizes the “Sexual Abuse Incident Coordinated Response Plan” form to complete the documentation of the incident. Random staff interviews which included medical and mental health staff were knowledgeable regarding their specific duties as required in the coordinated response plan in response to a sexual abuse incident.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The agency and facility’s staff confirmed their knowledge regarding their specific duties as required in the Sexual Abuse Incident Coordinated Response Plan in response to an allegation of sexual abuse. The agency’s training includes elements of its coordinated response plan. The Auditor confirmed through staff interviews, training documentation, coordinated response plan, and has determined the facility meets the requirements of this standard.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 confirmed the agency is an "AT Will Employer" and does not participate in collective bargaining or enter into other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with residents and/or termination. BGV does not allow an entity to restrict the Department's ability to terminate an employee or remove a staff who allegedly abuses and harasses youth from having contact with residents pending the outcome of an investigation or determination of whether and to what extent to discipline is warranted. This was confirmed with the Director of Continuous Improvement/PREA Coordinator that collective bargaining is not utilized in the agency.

Conclusion:

Boys & Girls Village, Inc. has no contracts with bargaining units or entered into any collective bargaining that would limit the agency's ability to remove an alleged staff sexual abuser from contact with residents and/or termination. The Auditor has determined the facility meets the requirements of this standard.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No

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

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- BGV Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- BGV VP Juvenile Justice Services interview
- Director of Residency Services interview
- Random staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires that all persons who report or cooperate in an investigation of sexual abuse or sexual harassment shall be protected from retaliation by other residents and staff. Requires multiple protections such as housing changes or transfers for resident victims or abusers, removal of the alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation are available. An interview with the Director of Residency Services confirmed her responsibility with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. She indicated this monitoring would include weekly face-to-face meetings, review of resident disciplinary reports, bed and program changes, negative performance reports as well as reassignments of staff.

Also, the interview with the Director of Residency Services indicated all alleged victims or reporters are met within twenty-four (24) hours, weekly and after the first month every thirty (30) days thereafter. The Director of Residency Services ensures the monitoring process is documented. BGV VP Juvenile Justice Services interview described multiple protocols to protect individuals who report sexual assaults which include increase staffing levels, monitoring individual, provide additional support (counseling), shift change, no contact between individuals (accused and victim) and monitoring reports about the resident or staff to see if there is any change in behaviors. The BGV Director of Continuous Improvement/PREA Coordinator memorandum indicated there were no incidents of retaliation at the facility in the past twelve months.

BGV PREA Manual (V 1.3) requires monitoring for a minimum of ninety (90) days, with periodic status checks, and provides protections for any other individual who cooperates with an investigation. This monitoring would include resident disciplinary reports, housing and program changes, negative performance reports as well as reassignments of staff. The monitoring is documented with follow-up to mental health staff and a direct conversation weekly with the resident by the person completing the monitoring and periodically thereafter. Staff interviews confirmed they had been trained on the right to be free from retaliation for reporting sexual abuse and sexual harassment and the information is also located in BGV's employee handbook.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility did not have an individual who needed to be monitored the past twelve months. The agency and facility interviews described multiple protocols that would be used at the facility to monitor and protect individuals who reported sexual abuse from retaliation. The Auditor confirmed through conducted staff interviews, reviewed employee handbook, and has determined the facility meets the requirements of this standard.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Random staff interviews
- Facility Tour

Summary Determination:

BVA PREA Manual (V 1.3) isolation is prohibited in the agency facilities. The Director of Residency Services and the Program Manager/PREA Compliance Manager interviews confirmed isolation is not utilized and is prohibited at the facility as a means of protective custody. If a resident had been sexually abused and did not feel safe in returning to the facility other alternatives would be arranged and Court Support Services Division (CSSD) would be contacted for the resident’s placement. Random staff interviews confirmed the facility does not use isolation for a victim of sexual abuse or sexual harassment the resident would be placed in another facility.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility does not utilize and prohibits isolation as a means of protective custody. The Auditor relied on the manual and staff interviews to support the facility’s procedures in prohibiting isolation is a means of protective custody. The Auditor has determined the facility meets the requirements of this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

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

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- National Institute of Corrections (NIC) "PREA: Investigating Sexual Abuse in a Confinement Setting" training course
- (4) Training certificates/information

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Random staff interviews
- Facility tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 require all staff to refer all alleged incidents of sexual abuse, sexual harassment, or sexual misconduct to their supervisor, Program Director/Manager, BGV Director of Continuous Improvement/PREA Coordinator and Department of Child and Family (DCF) of the alleged incidents. BGV Director of Continuous Improvement/PREA Coordinator will notify the CT Judicial Branch, Court Support Services Division (CSSD) of any incidents, referrals or allegations of sexual abuse or sexual harassment. If determined an alleged sexual abuse appears to be criminal in nature, the Connecticut State Police (CSP) or Milford Police Department would be contacted to conduct a criminal investigation. Also, REGIONS does not employ individuals with law enforcement credentials however four individuals have completed the investigation training course this past year. These individuals are assigned to complete administrative investigations. The BGV Director of Continuous Improvement/PREA Coordinator will assign an investigator to conduct an administrative investigation. Also, BGV PREA Manual (V 1.3) requires each facility to cooperate with the assigned investigator and shall remain informed as to the progress of the investigation. The report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Also, the manual require investigations to be confidential and all interviews to be conducted in private; an investigation cannot terminate based on the department of the complaint's alleged victim or perpetration from the agency employment or control, or if the source of the allegation recants; the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person's status as an resident or staff; investigation records to include, but not limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as applicable; investigations must include an effort to determine whether staff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings.

The facility has two agency staff and two facility staff who have undergone the investigator training. This was confirmed by the Auditor through staff interviews and training documentation. Interviews with the Director of Residency Services and the Program Manager/PREA Compliance Manager confirmed the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and would be advised on the progress of an investigation by the BGV Director of Continuous Improvement/PREA Coordinator. Also, BGV PREA Manual (V 1.3) indicated the PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be thoroughly investigated at the agency and facility/facility level. The BGV Director of Continuous Improvement/PREA Coordinator will request of the local law enforcement entity conducting a criminal investigation for a copy of their investigation procedures and guidelines. An interview with the BGV Director of Continuous Improvement/PREA Coordinator confirmed the process of staff contacting directly, the Director of Residency Services or designee upon an allegation of sexual abuse and/or sexual harassment, the progress and tracking of an administrative investigation. If determined an alleged sexual abuse appears to be criminal in nature, the Connecticut State Police (CSP) or Milford Police Department would be contacted to conduct a criminal investigation. Also, the Director of Continuous Improvement/PREA Coordinator interview confirmed there had been one administrative investigation of sexual abuse in the past twelve months.

BGV PREA Manual (V 1.3) requires the credibility of any person shall be assessed on an individual basis. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Requires both administrative and criminal investigations shall be documented in written reports that shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and the investigative facts and findings. Requires all allegations of criminal conduct be referred for prosecution. Requires an investigation not stop should the alleged abuser or victim depart from the employment or control of the facility or agency. Requires all case records associated with claims of sexual abuse or sexual harassment including all documentation be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

BGV PREA Manual (V 1.3) requires all investigators shall receive the general PREA training provided to all employees, and the specialized training in sexual abuse investigations before conducting PREA investigations, and that all investigations of allegations of sexual abuse or sexual harassment shall be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Requires the gathering and preserving of direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data, interviews, and reviews of prior complaints and reports of sexual abuse involving the suspected perpetrator. Requires consultation with prosecutors before conducting compelled interviews and prohibits the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

The Program Manager/PREA Compliance Manager indicated all allegations are investigated, regardless of how the information is initially obtained and reported that investigations begin immediately upon notification. All allegations of sexual abuse or sexual harassment receive an administrative

investigation whether it was through the facility, victim, third party or law enforcement, depending on the type of allegation. An investigation begins with information regarding the allegation, a review of the incident report, interview with the victim, alleged perpetrator, witnesses, and evidence gathering. The evidence collected is not limited to videos, statements, and prior complaints. Also, if an allegation is determined to contain criminal elements, the investigation would be referred to Connecticut State Police (CSP) or Milford Police Department (MPD).

The Program Manager/PREA Compliance Manager interview confirmed the credibility of the victim is based on evidence found, and that no polygraph examination or truth-telling device is a condition for proceeding with an investigation. Also, he indicated an investigation does not cease until completed, regardless, if the alleged perpetrator is released or resigns employment, or if the victim leaves the facility prior to the completion of the investigation. The Program Manager/PREA Compliance Manager reported he would assist if the investigation was conducted by Connecticut State Police (CSP) or Milford Police Department (MPD).

Director of Residency Services and the Program Manager/PREA Compliance Manager interviews confirmed there had been no reported investigation appearing to be criminal and referred for prosecution of alleged staff's inappropriate sexual behavior that occurred in this facility in the past twelve months.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor had to rely on the training materials, one investigation, and interview with one of the investigators. The staff was able to describe the training provided and how to conduct investigations in a confinement setting which included gathering evidence, how the credibility of the various persons involved is determined on an individual basis, and a polygraph exam would not be required for the initiation of an investigation. The Auditor reviewed the training documentation, conducted interviews with agency and facility staff, has determined the facility meets the requirements of this standard.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires a facility to investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations sexual abuse or sexual harassment are substantiated, unsubstantiated, or unfounded. Interviews with both the Director of Residency Services and Program Manager/PREA Compliance Manager indicated they conduct fact finding investigations and make conclusions following their investigations (which are administrative in nature) and provide the information to BGV for consultation with legal and Human Resources to determine disciplinary actions.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. Based on the manual and conducted interviews with the agency and facility staff, the Auditor has determined the facility meets the requirements of this standard.

Standard 115.373: Reporting to residents

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

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency

in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - The number of criminal and/or administrative investigations of alleged resident sexual abuse were completed by the agency/facility the past 12 months was one
- Pre-Audit Questionnaire review - 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 was zero
- Pre-Audit Questionnaire review - The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero
- Pre-Audit Questionnaire review - Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was zero
- Administrative investigation report
- Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. The manual further requires following a resident’s allegation a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are “unfounded” whenever the staff member is no longer posted within the resident’s program; the staff member is no longer employed at the facility; BGV learns the staff member has been

indicted or convicted on a charge related to sexual abuse within the facility. Investigations involving resident-on-resident allegations of sexual abuse, law enforcement (Connecticut State Police (CSP) or Milford Police Department) notifies BGV Director of Continuous Improvement/PREA Coordinator who will notify the CT Judicial Branch, Court Support Services Division (CSSD) and the Program Manager/Director who will then inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Director of Residency Services and Program Manager/PREA Compliance Manager interviews confirmed the process of notification from Director of Continuous Improvement/PREA Coordinator of the investigation outcome and the assigned staff would notify the resident as soon as possible. REGIONS has an "Incident Report" (electronic format), the staff verbally will notify the resident and document the information electronically. Director of Continuous Improvement/PREA Coordinator memorandum confirmed there has been no reported investigation of alleged staff or resident's inappropriate sexual behavior that occurred in the facility in the past twelve months which was investigated and completed by an outside agency. However, the facility had one administrative investigation in the past twelve months and was determined unsubstantiated by the investigator.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor relied on the review of the manual, the facility staff interviews and one administrative investigation report. The Auditor has determined the facility meets the requirements of this standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero
- Pre-Audit Questionnaire review - 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 is zero
- Pre-Audit Questionnaire review - 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 reported were zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of staff from the facility who 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 reported was zero
- BGV Director of Continuous Improvement/PREA Coordinator memorandum
- BGV Employee Handbook

Interviews and Observation:

- Director of Residency Services interview

- Program Manager/PREA Compliance Manager interview
- Random staff interviews

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 required staff who are terminated or who resign for a violation of the sexual abuse or sexual harassment policies shall be informed of the BGV's reporting the employment action to any relevant licensing bodies and to law enforcement agencies, unless the activity was clearly not criminal. Requires that staff shall be subjected to the disciplinary sanctions up to and including termination for violation of the BGV Employee Handbook and BGV PREA Manual. Requires that termination shall be the presumptive disciplinary sanction for staff who had engaged in sexual abuse. Requires that violations of the BGV PREA Manual relating to sexual misconduct or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. BGV's Employee Handbook sets forth the obligation to report all activities which are violations of the law. New employees are educated about PREA and BGV's zero tolerance as part of new employee orientation.

Also, the manual mandates the violation be reported to the BGV Director of Continuous Improvement/PREA Coordinator and law enforcement if criminal in nature. Also, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the Connecticut State Police (CSP) or Milford Police Department (MPD), unless the activities were not clearly criminal. All disciplinary sanctions are maintained in the employee's HR file in accordance with BGV policy and procedures. Termination is the presumptive sanction for staff who had engaged in sexual abuse. Also, staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. Staff interviews confirmed termination is the expected outcome for those who engage in sexual abuse with residents at the facility. Interviews with the Director of Residency Services and Program Manager/PREA Compliance Manager confirmed there had been no employees terminated, disciplined, or resigned in the past twelve months for violation of the BGV policies and procedures for sexual abuse and sexual harassment.

The Auditor interviewed one of the investigators who confirmed any termination resignation would not stop the investigation from being referred for prosecution. He confirmed the termination of employment for a violation of an agency sexual abuse policy or the resignation by an agency employee who would have been terminated if not for his or her resignation shall be reported to the appropriate criminal prosecuting authority and to any relevant licensing bodies. The Director of Continuous Improvement/PREA Coordinator memorandum confirmed there were no investigations of staff discipline resulting from violating agencies sexual abuse or sexual harassment policies.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. Since the facility did not have any investigations of staff discipline resulting from violating agencies sexual abuse or sexual harassment policies for the past twelve months, the Auditor had to rely on the staff interviews and an interview with one of the investigators. Disciplinary sanctions of staff include a variety of sanctions including termination, which will be presumed for a substantiated finding of sexual abuse. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed the manual, conducted interviews with agency and facility staff, has determined the facility meets the requirements of this standard.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was zero

- Boys & Girls Village, Inc. PREA Training curriculum (power point)
- “End The Silence” REGIONS PREA brochure
- BGV Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires that volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Also, the manual requires the staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility’s sexual abuse and harassment policies by contractors or volunteers. The facility did not have any volunteers but had four contractors in the past twelve months. Interviews with the Director of Residency Services and Program Manager/PREA Compliance Manager confirmed the facility did not have any volunteers but had four contractors in the past twelve months. The Auditor reviewed the agency’s power point presentation utilized to train volunteers and contractors. The volunteer and/or contractor is provided the facility’s “End The Silence” REGIONS PREA brochure during their orientation training.

As noted, there are no current volunteers but four contractors at REGIONS. However, if a volunteer or contractor has contact with a resident, they would undergo the PREA training consistent with the agencies PREA manual and power point which outlines training expectations on how to report a zero-tolerance culture, PREA definitions, knowing when and how to report concerns, and other required procedures. All individuals entering the facility will have access to the PREA information and how to report concerns. Also, in addition to the PREA training the volunteer and/or contractor will sign a BGV Confidentiality Agreement and an Acknowledgement of Receipt for the BGV Sexual Harassment Policy. Interviews with the Director of Residency Services and Program Manager/PREA Compliance Manager confirmed the facility’s training process for volunteers and contractors. Also, Director of Residency Services and Program Manager/PREA Compliance Manager interviews and BGV Director of Continuous Improvement/PREA Coordinator memorandum confirmed there were no instances or reports whereby a volunteer or contractor was alleged do you have engaged in sexual abuse or sexual harassment in the past twelve months.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor relied on the staff interviews and training documentation. If the facility had volunteers or contractors alleged to have engaged in sexual abuse or sexual harassment, the administration would follow the manual to ensure these individuals are removed from resident contact. The facility would report violations of sexual abuse to relevant licensing bodies and local law enforcement agency for investigation. The Auditor reviewed the manual, training curriculum, brochure, conducted interviews with agency and facility staff, has determined the facility meets the requirements of this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Pre-Audit Questionnaire review - In the past 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was zero
- Pre-Audit Questionnaire review - In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was zero
- BGV Director of Continuous Improvement/PREA Coordinator memorandum
- REGIONS resident handbook

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Medical and mental health staff interviews
- Resident interviews

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires a resident who makes a report of resident-on-resident sexual violence or employee sexual misconduct or sexual harassment that is determined to be false, may be charged with sanctions pursuant to the behavior management program if it is determined the report was made in bad faith following consultation with the Program Manager/Director. Residents shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Also, BGV PREA Manual requires sanctions to 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. Requires consideration 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. Requires the consideration whether to require the offending resident to participate in interventions as a condition of access to programming or other benefits when services, such as therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexually abusive behavior, are available.

Interviews with medical and mental health practitioners confirmed therapy, counseling or other intervention services are offered to residents. Also, the medical and mental health practitioners indicated these services do not require a resident's participation as a condition of access to any rewards-based behavior management system, programming, or education. The Auditor was informed the residents are not forced to participate in any mental health services offered at the facility, the participation is voluntary, and the resident has a right to refuse services. Resident interviews confirmed they would not be in trouble for reporting a PREA complaint unless they purposefully lied about the allegation.

REGIONS's Director of Residency Services interview indicated staff provides each resident with an orientation handbook that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures, and transfers. Residents will be offered therapy, counseling or other interventions designed to address and correct the underlining reasons for their conduct. BGV Director of Continuous Improvement/PREA Coordinator interview and written memorandum confirmed there had been no administrative findings of guilt for resident-on-resident sexual abuse occurred at the facility in the past twelve months resulting in disciplinary action. Also, the Director of Residency Services interview indicated residents may also be referred for prosecution if the allegations were criminal.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The manual and resident handbook addresses the requirements of the indicators. The disciplinary process, the consideration of mental health of the resident in determining consequences, the requirement of ongoing treatment and that sanctions in the facility will be proportional to the offense. The agency prohibits consensual relationships between residents and between residents and staff, which is also identified in the resident handbook. Residents who engage in sexual misconduct with staff cannot be disciplined unless it is determined the staff did not consent to the act. Residents can be disciplined from making an intentional False report related to PREA. The Auditor reviewed the manual, resident handbook, conducted interviews with agency and facility staff, residents, has determined the facility meets the requirements of this standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- "End The Silence" REGIONS PREA brochure
- 10 resident (active and closed) files (End The Silence form, PREA Education Review form, PREA Session document and assessments)
- End The Silence form (English and Spanish)

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Clinical Manager interview
- Medical and mental health staff interviews
- Random staff and resident interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 require medical and mental health/substance abuse evaluations and as appropriate, treatment is offered to all residents victimized by sexual abuse and ensure confidentiality of information. Medical and mental health staff is required to notify residents at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening. BGV has implemented multiple assessment tools to gather information of a resident. the tools are designed to identify individuals with traumatic histories, including sexual assault. During the intake/admission process, medical and mental health staff interview residents with several questions which could identify prior sexual abuse history. Residents who are identified through the screening process or who admit a history of sexual trauma can be referred for additional mental health services or to the local rape crisis center. Interviews with medical and mental health staff confirm the intake/admission process. Also, the Auditor was advised the facility has regular multidisciplinary meetings on each resident which allows for regular communication including any noticeable changes in behaviors.

Documentation review confirmed that REGIONS's medical and mental health staff had an extensive intake process completing various admission screening forms including informed consent disclosures. As indicated in Standard 115.341 - the facility has multiple assessment tools to gather information of a resident. Also, the results from the assessments listed below is reviewed by the assigned clinical staff. The priority of the resident and staff is to maintain safety while at the facility. The primary assessments as provided to the Auditor are the following:

1. **Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB):** used to identify a resident's vulnerability to sexual victimization and sexually aggressive behavior. Assessment tool collects data on client history, sexual orientation, gender identification, social skills, history in residential placement, intellectual impairment, mental health issues, relevant observable features, and fit in placement
2. **Columbia Suicide Severity Rating Scale (CSSRS):** used to identify risk of suicide and inform decision making pertaining to resident safety, programming, bedroom assignment, monitoring status, and aftercare referrals.
3. **Trauma History Screen (THS) Youth Version:** used to identify trauma event(s) from a resident or their family's past. Results from this assessment will inform decision making pertaining to resident safety, programming, bedroom assignment, monitoring status, and aftercare referrals.
4. **Biopsychosocial Assessment:** used to gather a wide array of information relevant to treatment planning, clinical formulation, resident risk to self or others, medical history, psychiatric history, trauma history, education history, and family history. This assessment is also used to inform decision making pertaining to resident safety, programming, bedroom assignment, monitoring status, and aftercare referrals.
5. **Nursing Assessment:** two-part assessment used to collect any current and historical medical information relevant to resident care, treatment planning, and programming.
6. **Family Basic Needs Assessment:** used to identify any familial deficits in the following categories: shelter, food and clothing, transportation, finances, education/vocation, language, medical care, supports, and mental health.

Also, BGV PREA Manual (V 1.3) requires any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and only information pertinent to the resident's treatment is disclosed to ensure safe placement in housing, education, programming, treatment, and work assignment. Interviews with Director of Residency Services, Program Manager/PREA Compliance Manager, medical and mental health staff, and the Clinical Manager confirmed sensitive information is protected and kept confidential.

BGV PREA Manual (V 1.3) requires medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18. The resident interview confirmed they had reviewed an acknowledgment form and verbally understood why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations. Medical and mental health practitioners' interviews confirmed their obligation if a resident discloses prior abuse to be reported to DCF if the resident is under the age of 18. Director of Residency Services and Program Manager/PREA Compliance Manager interviews confirmed there were no residents who disclosed prior victimization during their initial screening process in the past twelve months. The medical and mental health staff interviews confirmed although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers. Medical staff provides residents with health education (including sexual abuse/assault) during the initial intake process and throughout their stay at the facility.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. All residents are screened when they arrive at the facility by medical and mental health practitioners. Residents are offered a follow up with a medical or mental health practitioner after reporting they have suffered sexual victimization and after the facility is informed the resident perpetrated in active sexual abuse. Medical and mental health practitioners inform only those with a "need to know" of information related to sexual victimization. The Auditor reviewed the manual, resident files, assessments, consents, conducted

interviews with agency and facility staff, medical and mental health practitioners, residents, has determined the facility meets the requirements of this standard.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- The Rape Crisis Center of Milford Memorandum of Understanding
- Milford Pediatrics contract
- "End The Silence" REGIONS PREA brochure
- REGIONS's Sexual Abuse Incident Coordinated Response Plan
- Boys & Girls Village, Inc. PREA Training curriculum (power point)
- 2020 & 2021 – Relias Training Records
- BGV Director of Continuous Improvement/PREA Coordinator memorandum

Interviews and Observation:

- The Rape Crisis Center of Milford representative interview
- Director of Residency Services interview
- Medical and mental health staff interviews
- Random staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires the timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. If there are no qualified medical or mental health practitioners on duty at the time a report of sexual assault or sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the facility's designated medical and mental health practitioner. The facility's registered nurse is always available and on-call after hours. BGV has a contract with Milford Pediatrics to provide general pediatric consultation. Interviews with the medical and mental health practitioners confirmed residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.

The medical staff indicated services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications would be completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. The medical and mental health staff interviews indicated the scope of services is in accordance with their professional judgment, policy and any physician orders or protocols. All orders will be documented in the resident's medical/mental health record. The Auditor was advised crisis intervention services are offered by the mental health practitioners and The Rape Crisis Center of Milford. The Rape Crisis Center of Milford is the program identified to provide confidential emotional support services to the residents who report sexual abuse and sexual harassment by another resident, staff member, contractor, or volunteer at the facility. The facility has available for the residents to telephone the hotline number and the postings of the PREA information is another reporting resource.

Also, BGV PREA Manual (V 1.3) requires that victims of sexual abuse while in the program shall be offered timely information about and access to sexually transmitted infections prophylaxis. Requires that treatment services are provided free of cost and regardless of whether the victim identifies the abuser or cooperates with an investigation. The medical staff had a protocol in place to assist in expediting a resident to the emergency room with specific documentation for the direct care staff. Documentation and interviews with medical staff confirmed Yale Hospital provides the forensic medical examinations and emergency care at no financial cost to the resident.

The Auditor reviewed the Memorandum of Understanding with Rape Crisis Center of Milford dated 04/05/19 to provide the programs/resources for REGIONS. The Rape Crisis Center of Milford is the program identified to provide free confidential crisis intervention and emotional support services related to sexual abuse or assault residents. Any resident seeking services can call the toll-free telephone number. Also, the Auditor contacted a representative from the Rape Crisis Center of Milford via telephone after the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services, crisis intervention, relevant referrals and follow up. The Rape Crisis Center of Milford's representative indicated there have been no calls from residents in the past twelve months requesting emotional support services related to sexual abuse or sexual assault at the facility. Also, the Rape Crisis Center of Milford representative indicated the victim would be provided with a victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

Director of Residency Services and staff interviews indicated they are provided training in CPR and first aid in the event first responder treatment is needed. Each staff conducts immediate steps to ensure victims are protected and receive emergency medical care, notify their supervisor and medical personnel following an incident of sexual abuse. Supervisors ensure the resident is separated from the abuser and is escorted immediately to the medical office. The staff follow the facility's coordinated response plan and include actions that ensure residents who are victimized by sexual abuse received timely unimpeded access to emergency medical attention. The medical staff's interviews indicated a referral would be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/ services and orders for follow-up services who are victimized by sexual abuse. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Mental health staff interview indicated she would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care. BGV Director of Continuous Improvement/PREA Coordinator written memorandum confirmed in the past twelve months, there has been no allegation where a victim required a forensic medical examination.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility provides residents access to timely and unimpeded access to emergency medical services and referral to Yale Hospital for forensic services. The facility's coordinated response plan for PREA incidents outlines the steps taken to ensure access to care. Medical staff provides residents access to sexually transmitted infections prophylaxis. The Auditor reviewed the manual, training documentation, MOU, coordinated response plan, brochure, conducted staff interviews, medical and mental health practitioners, rape crisis center representative and has determined the facility meets the requirements of this standard.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Response to Injury note

Interviews and Observation:

- Medical and mental health staff interviews
- Random staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires ongoing medical and mental health care for sexual abuse victims and abusers. This will include medical and mental health evaluation and treatment, follow-up services, treatment plans and referrals. Requires offered tests for STD's as medically appropriate. Requires treatment services to be free of financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility is required to provide such victims with medical and mental health services consistent with the community level of care. Also, the manual requires the facilities to offer medical and mental health evaluations, transportation to a medical emergency room or a facility in the community equipped to evaluate, collect physical evidence, and appropriate follow-up treatment to include screening, including follow-up care for sexually transmitted diseases and other communicable diseases and any other counseling or assistance as requested. Staff interviews confirmed there had been no incidents of staff having to respond to a resident sexual abuse at the facility in the past twelve months.

Victims of sexual abuse will be transported to Yale Hospital to receive treatment and the physical evidence can be gathered by a certified SANE medical examiner. There is a process in place to ensure medical and mental health staff track on-going medical and mental health services for victims who may have been sexually abused. Interviews with medical staff confirmed that if a resident has been transported to the hospital, they will thoroughly review the discharge instructions, carry out orders as appropriate and develop treatment plans for alleged victims upon returning to the facility. Interview with mental health practitioner did not stipulate a minimum or a maximum time they meet with victims of sexual abuse. The mental health practitioner confirmed she meets with victims and abusers if the victim or abuser request such a meeting or if medically necessary. Treatments and evaluations occur as needed or until treatment plans determine a need no longer exists. The Auditor was advised the mental health practitioners would provide counseling sessions, referrals, if appropriate and follow up services, if needed. The mental health practitioner confirmed services offered at the facility are consistent with community level of care. The facility is a short-term program and if a mental health practitioner is aware of a resident-on-resident sexual abuser she would conduct the evaluation and treatment within several days. The medical and mental health staff interviews indicated there is a protocol (Medical Discharge Summary and Mental Health Referral note) in place to assist residents and their families upon discharge from the facility to continue services if needed.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility's medical and mental health practitioners ensure residents have ongoing access to services that address the health care needs of resident victims of sexual abuse. Medical and mental health practitioners confirmed they offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued level of care when necessary. Also, medical and mental health practitioners would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offences. The Auditor reviewed the manual, conducted staff interviews, medical and mental health practitioners' interviews, and has determined the facility meets the requirements of this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- BGV Director of Continuous Improvement/PREA Coordinator memorandum
- Sexual Abuse Incident 30 Day Review form

Interviews and Observation:

- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview
- Clinical Manager interview
- Random staff interviews
- Facility Tour

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires the sexual abuse incident review to be conducted within thirty days of the conclusion of the investigation. Interviews with the Director of Residency Services, Program Manager/PREA Compliance Manager, and Clinical Manager indicated at the conclusion of the investigation the review team will consider the following:

- (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.

Also, BGV PREA Manual (V 1.3) requires the review team to include upper-management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Requires the review of the allegation for: the need for policy or practice change, motivation for the incident, check of the physical area for barriers, staffing levels at the time of the incident, and information regarding any enhancement of current monitoring technology. Requires a written report completed that includes any recommendations and corrective action, as well as documentation showing implementation of the recommendations or the reason for not implementing the recommendations.

The Director of Residency Services and staff interviews confirmed that a report (Sexual Abuse Incident 30 Day Review) is prepared upon completion of sexual abuse incident reviews. The report would include: brief chronological summary, acknowledgment of what went well during the incident, whether the incident response/action was in compliance with relevant BGV PREA manual, corrective actions taken or still needed to improve outcomes in future similar incidents, policy changes, motivation of the incident, motivated or caused by group dynamic, physical barriers, monitoring technology, medical and mental health services provided, outcome of the investigation/corrective actions, and resident notification of investigation outcome.

The Director of Residency Services indicated the Sexual Abuse Incident Review Team consists of the BGV Director of Continuous Improvement/PREA Coordinator, Director of Residency Services, Program Manager/PREA Compliance Manager, Clinical Manager, Shift Supervisor, Program Nurse and APRN. Also, the Director of Residency Services, Program Manager/PREA Compliance Manager interviews and the BGV Director of Continuous Improvement/PREA Coordinator memorandum confirmed there had been one allegation in the past twelve months for sexual assault at the facility.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The facility requires incident reviews to be conducted at the conclusion of every sexual abuse investigation including where the allegation has been substantiated and unsubstantiated. Requires the sexual abuse incident review to be conducted within thirty days of the conclusion of the investigation. The facility had one allegation in the past twelve months for sexual abuse/assault. Therefore, the Auditor relied on the review of the manual and the administrative investigation report, conducted agency and facility staff interviews, and has determined the facility meets the requirements of this standard.

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS’s PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2020 DOJ Surveys of Sexual Victimization Report (SSV-2)
- 2019 BGV PREA Annual Report
- 2020 BGV PREA Annual Report

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview
- Program Manager/PREA Compliance Manager interview

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Also, the manual requires annual aggregate of the sexual abuse data, the collection of necessary data to respond to the DOJ – Survey of Sexual Violence and the data provided to the DOJ no later than June 30 of each year. Requires that data will be collected from any private facility with which it contracts for the confinement of offenders.

An interview with the Program Manager/PREA Compliance Manager confirmed the Director of Residency Services will complete the collected data related to PREA forwards the report to the BGV Director of Continuous Improvement/PREA Coordinator. BGV has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. The BGV Director of Continuous Improvement/PREA Coordinator is responsible for monitoring the PREA data

and alerting the BGV VP Juvenile Justice Services of any notable trends. An interview with the BGV Director of Continuous Improvement/PREA Coordinator indicated he collects and maintains data from each facility monthly. The information is used to identify trends and create corrective actions for an individual facility or agency. Documentation review of the 2020 DOJ Surveys of Sexual Victimization Report (SSV-2) contained the required information. Also, documentation review of the, 2019 BGV PREA Annual Report and 2020 BGV PREA Annual Report identified two facilities within Boys & Girls Village, Inc.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor relied on the review of the manual, DOJ SSV-2, annual reports, website, conducted agency and facility staff interviews and has determined the facility meets the requirements of this standard.

Standard 115.388: Data review for corrective action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2020 DOJ Surveys of Sexual Victimization Report (SSV-2)
- 2019 BGV PREA Annual Report
- 2020 BGV PREA Annual Report
- BGV website

Interviews and Observation:

- BGV VP Juvenile Justice Services interview
- BGV Director of Continuous Improvement/PREA Coordinator interview
- Director of Residency Services interview

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices, and training by identifying problem areas, taking on-going corrective action and preparing an annual report of its findings for individual facilities and the agency as a whole. Also, the manual requires the report to include comparison data and corrective actions from prior years, approved by the CEO, made public and allows the redaction of specific material and an indication of the material redacted.

An interview with the BGV VP Juvenile Justice Services (Representative of the Agency Head) indicated the annual report is an opportunity to identify patterns or trends and deficiencies throughout both facilities, provide additional trainings for staff and provide solutions to problem areas. The BGV Director

of Continuous Improvement/PREA Coordinator reports that information is gathered and submitted to the public through annual reports that is available on the website and includes comparison data and any facility modifications or agency policy changes. Also, he indicated the information is security retained and ongoing corrective action is tracked. Director of Residency Services indicated she monitors collected data to determine and assess the need for any corrective actions and forwards the information to the BGV Director of Continuous Improvement/PREA Coordinator. Documentation review of the 2019 BGV PREA Annual Report and 2020 BGV PREA Annual Report contained the comparison data and corrective actions specific to both facilities as well as to the agency.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor relied on the review of the manual, annual reports, website, conducted agency and facility staff interviews and has determined the facility meets the requirements of this standard.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2020 DOJ Surveys of Sexual Victimization Report (SSV-2)
- 2019 BGV PREA Annual Report
- 2020 BGV PREA Annual Report
- BGV website

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview

Summary Determination:

The Boys & Girls Village, Inc. (BGV) PREA Manual (V 1.3) was developed 11/28/18 requires that the BGV shall ensure that data collected of allegations of sexual abuse is securely retained and makes information readily available to the public through an annual report on its website. Also, the manual requires that before making the report public, the BGV shall remove all personal identifies and to maintain this information for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise. Also, BGV has a data collection retention schedule that identifies the completion of ten years and then to be destroyed.

An interview with BGV Director of Continuous Improvement/PREA Coordinator interview confirmed that data is collected and securely retained for a minimum of ten years. A review of the 2019 BGV PREA Annual Report and 2020 BGV PREA Annual Report confirmed there were no personal identifiers within the document. It is posted on the BGV Website and readily available for public review.

Conclusion:

The BGV PREA Manual (V 1.3) reviewed is in accordance with the standard. The Auditor relied on the review of the manual, annual reports, website, conducted agency staff interview and has determined the facility meets the requirements of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- BGV website

Interviews and Observation:

- BGV Director of Continuous Improvement/PREA Coordinator interview

Summary Determination:

The Auditor reviewed The Boys & Girls Village, Inc. web page <https://www.bgvillage.org/client-rights/zero-tolerance> which contains information about the agency's zero tolerance towards all forms of sexual abuse and sexual harassment. This is the first PREA audit for Re-entry, Goal-oriented, Individualized, Opportunity to Nurture Success (REGIONS). The Auditor had access to the entire facility and was able to conduct formal staff and resident interviews in a private room. The Auditor was provided and reviewed the manual, documents, and other applicable reports to assist with rendering a decision on the facility's level of compliance with the relevant standards. The Auditor reviewed a sampling of documentation from the previous twelve months and was provided additional documents that were requested by the Auditor to determine the facility's level of compliance.

The agency and facility staff provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility. The Auditor observed camera placements and reviewed monitors to ensure residents were not able to be viewed naked by a staff member of the opposite gender through the facility's video system. Postings (pre-audit notices) for communicating to the Auditor were in all areas of the facility. Residents were permitted to send confidential information or correspondence to the Auditor, the same method as sending to their legal counsel. Also, staff were able to send confidential information or correspondence to the Auditor. The Auditor contacted a representative from the Rape Crisis Center of Milford via telephone after the on-site visit and confirmed the rape crisis center has established a telephone number for residents to call and to provide emotional support services, crisis intervention, relevant referrals and follow up.

Conclusion:

The Auditor was given full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the audit notice, it was visible on the tour and

residents were aware of the posting and the PREA audit. The Auditor has determined the facility meets the requirements of this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy, Supporting Documents Reviewed, Interviews and Observation:

- Boys & Girls Village, Inc. PREA Manual (V 1.3)
- PREA Standards Compliance Checklist
- REGIONS's PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- BGV Director of Continuous Improvement/PREA Coordinator interview

Summary Determination and Conclusion:

This is the first PREA audit for Helping Adolescent Males in Learning Their Options Now (REGIONS) and therefore this standard would not be applicable to the facility.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dorothy Xanos _____

09/06/21 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.