

PREA Facility Audit Report: Final

Name of Facility: MacDougall-Walker Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/11/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Robert Manville | Date of Signature: 07/11/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------------|
| Auditor name: | Manville, Robert |
| Email: | robertmanville9@gmail.com |
| Start Date of On-Site Audit: | 05/23/2022 |
| End Date of On-Site Audit: | 05/26/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | MacDougall-Walker Correctional Institution |
| Facility physical address: | 1153 E. Street S., Suffield , Connecticut - 06078 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|---------------------|
| Name: | John Fleming |
| Email Address: | John.fleming@ct.gov |
| Telephone Number: | 860-627-2166 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|------------------------|
| Name: | Kristine Barone |
| Email Address: | Kristine.Barone@ct.gov |
| Telephone Number: | 860-627-2101 |

| Facility PREA Compliance Manager | |
|---|---------------------------|
| Name: | Kirsten Shea |
| Email Address: | Kirsten.Shea@ct.gov |
| Telephone Number: | |
| Name: | John Fleming |
| Email Address: | John.Fleming@ct.gov |
| Telephone Number: | |
| Name: | Jeanette Maldonado |
| Email Address: | Jeanette.Maldonado@ct.gov |
| Telephone Number: | |
| Name: | Shalia Tucker |
| Email Address: | Shaila.Tucker@ct.gov |
| Telephone Number: | |

| Facility Characteristics | |
|--|--|
| Designed facility capacity: | 2218 |
| Current population of facility: | 1624 |
| Average daily population for the past 12 months: | 1576 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 19-85 |
| Facility security levels/inmate custody levels: | On 3/1/2022 Level 1 = (12), Level 2 = (92), Level 3 = (241), Level 4 = (887) |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 747 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 0 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 199 |

| AGENCY INFORMATION | |
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| Name of agency: | Connecticut Department of Correction |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 24 Wolcott Hill Road , Wethersfield, Connecticut - 06109 |
| Mailing Address: | |
| Telephone number: | |

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

| Agency-Wide PREA Coordinator Information | | | |
|--|--------------|-----------------------|---------------------|
| Name: | David McNeil | Email Address: | David.mcneil@ct.gov |

| SUMMARY OF AUDIT FINDINGS | |
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| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 0 | |
| Number of standards met: | |
| 45 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-05-23 |
| 2. End date of the onsite portion of the audit: | 2022-05-26 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Connecticut Sexual Assault Crisis Services INC. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 2218 |
| 15. Average daily population for the past 12 months: | 1576 |
| 16. Number of inmate/resident/detainee housing units: | 24 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 1536 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 36 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 1 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 3 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 1 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | No text provided. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 747 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 199 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 36 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | I interviewed inmates from each housing unit. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | The facility houses some pre-sentenced offenders at the facility and were oversampled due to concerns of the facility providing appropriate screening and the auditor wanted to make sure these inmates had received an orientation and comprehensive education. These also tended to be younger inmates. The facility consists of a satellite housing unit and the main complex. Interviews were conducted with both units. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 10 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 2 |

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| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>2</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Prior to the selection of interviewees, the audit, mental health, medical, PREA compliance manager, investigative staff and major reviewed each target population to determine inmates to interview. I review the PAQ and interviewed the intake staff. I did request information on pretrial inmates. These are inmates that have high bonds and are not able to secure the bond and are housed at the facility awaiting trials.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Prior to the selection of interviewees, the audit, mental health, medical, PREA compliance manager, investigative staff and major reviewed each target population to determine inmates to interview.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Prior to the selection of interviewees, the audit, mental health, medical, PREA compliance manager, investigative staff and major reviewed each target population to determine inmates to interview.</p> |

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| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Prior to the selection of interviewees, the audit, mental health, medical, PREA compliance manager, investigative staff and major reviewed each target population to determine inmates to interview.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>2</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>3</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>1</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Prior to the selection of interviewees, the audit, mental health, medical, PREA compliance manager, investigative staff and major reviewed each target population to determine inmates to interview.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Prior to the selection of interviewees, the audit, mental health, medical, PREA compliance manager, investigative staff and major reviewed each target population to determine inmates to interview.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>17</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>No text provided.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>14</p> |

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

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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <p>a. Enter the total number of VOLUNTEERS who were interviewed:</p> | <p>1</p> |

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| <p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>No text provided.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
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Was the site review an active, inquiring process that included the following:

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| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>The tour of MacDougall Walker Correctional Institution included the Receiving and Discharge (R&D) intake processing areas, all living units, the Special Housing (SHU), the Health Services Department,</p> |

Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services and other programming areas and areas of MacDougall Walker CEC (Correctional Enterprises of Connecticut). Unit Management office space was found on each living unit, and it was easily accessible to inmates. MacDougall Walker Correctional Institution has a Special Housing (SHU) consisting of 61 segregation cells. During the onsite visit zero inmates were housed in SHU because of sexual victimization. All living units were equipped with showers, as well as privacy curtains. All living units had toilet and shower stalls that afforded all inmates with privacy screens to protect their privacy. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards. The telephone lines were tested on all living units for access to outside reporting entities. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. All signs and postings were in both English and Spanish. Inmates affirmed the ability to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal conversations with employees and inmates regarding the PREA standards were conducted. Inmates were talkative and knew about PREA and how to make a report if something happened to them or another inmate. Postings regarding how inmates can report PREA violations and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility. During the tour, the Auditor reviewed PREA related documentation

The telephone lines were tested on all living units for access to outside reporting entities. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

The phone number is (*9222#) to call and contact the Connecticut Department of Correction. The hotline to the Connecticut State Police is (*9333#) or 1800-842-0200. In addition, inmates may call CONNSACS – Connecticut Alliance to End Sexual Violence through their unit counselor at (*9444) or 1-888-999-5545 (English).

The MacDougall-Walker Correctional Institution provides a highly structured environment to manage long-term sentenced offenders, protective custody offenders and high bond unsentenced offenders with programs designed to address the needs of each population. The facility focuses on education both academic (ABE, Pre-GED, GED, Special Education, TESOL), and at the MacDougall Building (Vocational Maintenance, Electromechanical, Micro Computers, Electronic Repair, Dental, and Commercial Cleaning).

Programming is also a vital component of our mission and includes Parenting Skills, Sex Offender Treatment, Family Issues, Beyond Fear, Addiction Services, Aftercare and Fellowship AA/NA meetings.

The Satellite housing unit has the same information posted on bulletin boards in the housing units and in common areas throughout the building. The inmates in the satellite living unit were more talkative and engaging with the auditor. They felt safe and indicated they have no concerns about sexual safety.

The main facility, inmates were not as engaging as the satellite facility. However, they knew about PREA, how to report allegations of sexual abuse or sexual harassment and none of the inmates stated they were concerned about retaliation for making a report if something were to happen to them or another inmate.

Staff interviewed during the tour provided information on announcing their presences and how they would manage an inmate that claimed to be interment danger. None of the staff interviewed had a situation of an inmate being at interment danger.

Documentation Sampling

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

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

Yes

No

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

Inmate Files Reviewed: Twenty-four (24) resident records were reviewed. These records included the following information. • Identification Number • Date of Birth • Date of Arrival • Date of Screening • Date of Follow-up Screening • Date of Initial PREA notification • Date of PREA orientation/education: A corrective action plan was implemented, and the auditor reviewed an additional 30 inmate documentation of screening, rescreening, orientation and comprehensive education. Employee Background Checks: Fifteen (15) background clearance files including five (5) new hired staff, five (5) staff that had been promoted and five (5) employees that had over five years tenure at the facility. Five (5) background checks for contractors were reviewed. One volunteer file was reviewed. All background checks had been completed for staff and contractors prior to contact with inmates or prior to promotion or over 5 years tenure at the facility: Employee Training Records: Reviewed Fifteen (15) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, Investigator, PREA Compliance manager. All training has been completed in the last 12 months. The correctional staff indicated during the tour they are provided weekly briefings about PREA. This was confirmed by interviews with shift supervisors and daily briefing logs. Most staff interviewed stated they had received the questionnaire for their specific duties prior to the audit and were prepared for the audit. Investigations: There were a total of fourteen (14) reported allegations of sexual abuse/sexual harassment. All investigative files were reviewed. Unannounced Rounds: The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 2 | 2 | 2 | 2 |
| Staff-on-inmate sexual abuse | 4 | 3 | 4 | 3 |
| Total | 6 | 5 | 6 | 5 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|------------------------------------|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Staff-on-inmate sexual harassment | 6 | 0 | 6 | 0 |
| Total | 7 | 0 | 7 | 2 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|-------------------------------|---------|--------------------------|---------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual abuse | 1 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 1 | 1 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 4 | 0 | 0 |
| Total | 1 | 5 | 0 | 0 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 1 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 5 | 1 | 0 |
| Total | 0 | 6 | 1 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|---|---|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 6 |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

Inmate-on-inmate sexual abuse investigation files

| | |
|--|---|
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 2 |
|--|---|

| | |
|--|---|
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>2</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>6</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |

| | |
|--|--|
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
|--|--|

| | |
|--|--|
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p> |
|--|--|

Staff-on-inmate sexual harassment investigation files

| | |
|---|----------|
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>6</p> |
|---|----------|

| | |
|---|---|
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
|---|---|

| | |
|---|---|
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p> |
|---|---|

| | |
|---|--------------------------|
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>No text provided.</p> |
|---|--------------------------|

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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|--|---|
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |
|--|---|

Non-certified Support Staff

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|--|---|
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |
|--|---|

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

| | |
|--------|---|
| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Contracts</p> <p>Connecticut Department of Corrections (CDOC) Administrative Directive (AD) 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention</p> <p>CDOC- AD 8. 17 Gender Non-Conforming</p> <p>MacDougall-Walker CI Pre-Audit Questionnaire</p> <p>Employee PREA Training Curriculum and Sign-in sheet</p> <p>Inmate Admission and Orientation (A&O) Handbook</p> <p>Organizational Chart</p> <p>115.11 (a): Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and the agency and facility's emphasis on PREA exceeds the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. Definitions are provided to make clear the agency and facilities mandates for all staff, volunteers, contractor, and visitors to comply with PREA standards. When you enter the front entrance of the facility there are the agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Offender manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero tolerance.</p> <p>115.11 (b): CDDOC employs an upper-level, agency-wide PREA Coordinator at the CDOC management level. The agency's organizational chart depicts his position within the agency. The PREA Coordinator oversee PREA investigative unit that conducts all administrative investigation in all facilities, a team of PREA support staff and administrative authority to assist the agency's efforts to comply with the PREA standards in all of Connecticut Department of Corrections institutions (CDOC). The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. The PREA Coordinator and his team or very knowledgeable about PREA and best practices to carry out the Agency's approach to prevent, detect, and respond to sexual abuse or sexual allegations.</p> <p>115.11 (c): CDOC ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. MacDougall-Walker Correctional Institution provides support staff for assisting the PREA compliance manager with her task in carrying out the PREA mandates. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. Though out the tour, staff, and inmates new the PREA compliance managers name and role at the facility. Both the CDOC PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The compliance manager is a deputy warden and has a correctional captain as a liaison for implementing PREA standards and assisting the PREA compliance manager. The facility provides additional support for PREA related investigations, policy reviews, mock audits and follow up to cooperate office PREA coordinator's office questions or concerns.</p> <p>Compliance was determined by review of agency organization chart, agency, and facility policies, both staff and inmate training orientation power point presentations, posters, offender manual and interviews with staff and inmates further provided exceed compliance with this standard.</p> |

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|---------------|--|
| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Contracting PREA report</p> <p>Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention</p> <p>January Center</p> <p>PAQ</p> <p>115.12 (a): Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention mandates that all contracts renewed, or any contracts request for proposal of qualification include a section dedicated to compliance with the PREA Standards for specific facility including lock up, community corrections, juvenile facilities or prisons.</p> <p>115.12 (b): The PREA coordinator is responsible for reviewing compliance with each institution including contracting institution. He accomplishes this task through monthly PREA reports, annual reports, investigating all allegations of sexual abuse or sexual harassment and conducting yearly reviews of the facilities for compliance with PREA. In interview with PREA Coordinator the agency has 14 contracts for confinement. Each has met or exceeded the PREA standards for the present three-year cycles.</p> <p>Compliance was determined by reviewing PREA reports from contracting facilities, reviewing PAQ for contract renewals and interviews with the PREA coordinator.</p> |

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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1353 297">The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 957 356">CDOC Administrative Directive 2.15. Hazardous Duty Staff Deployment</p> <p data-bbox="242 387 1321 414">CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention,</p> <p data-bbox="242 445 882 472">Deployment – staffing plan and staff monitoring and intervention</p> <p data-bbox="242 504 612 530">Emergency staffing protocol initiation</p> <p data-bbox="242 562 732 589">Annual Facility Assessment meeting March 2022</p> <p data-bbox="242 620 526 647">Camera Inventory/Locations</p> <p data-bbox="242 678 363 705">Shift Roster</p> <p data-bbox="242 736 1497 1126">115.13 (a)(b): CDOC requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Prison provides the bimonthly reports that includes mandatory post and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The Warden meets weekly with his executive staff, including Chief of Security, Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. The staffing plan is based on a population 2218 inmates. On occasions in the last 12 months when the facility was unable to provide the minimum required staffing the facility supervisor document each instance and also provided a plan to address the shortage of staff to close down non direct care posts to having supervisors assume the duties of the Post. In interviews with the warden, the agency decreased the number of inmates assigned to the facility in order to maintain a safe environment for the inmate population.</p> <p data-bbox="242 1158 743 1184">The staffing plan is based on the following criteria:</p> <ul data-bbox="242 1216 1347 1758" style="list-style-type: none"> - Generally accepted detention and correctional practices. - Judicial findings of inadequacy. - Findings of inadequacy from Federal investigative agencies. - Findings of inadequacy from internal or external oversight bodies. - All components of the facility's physical plant. - The composition of the inmate population. - The number and placement of supervisory staff. - Institution programs occurring on a particular shift. - Applicable State or local laws, regulations, or standards. - The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and - Other relevant factors. <p data-bbox="242 1789 1469 1883">The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit.</p> <p data-bbox="242 1915 1469 2009">There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open. When programs are offered, staffing is increased to provide additional supervision.</p> <p data-bbox="242 2040 1445 2098">115.13 (c): CDOC Policy mandates that whenever necessary and no less that annually, the staffing plan is reviewed and documented on the Annual PREA Facility Assessment. MacDougall-Walker had an assessment meeting in March 2022.</p> |

113 (d): According to facility MacDougall-Walker Unit Directive 6.1 Tour and Inspections and practice requiring department heads, facility executive staff and intermediate and higher-level custody supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. Policy also mandates that other staff are prohibited from telling other staff when supervisors are making unannounced rounds. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the IDO was interviewed. IDO visits areas of the facility during days, evenings, and weekend. The IDO document the visits on logbooks located in housing unit control room. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. The administrative Lt. for each shift was interviewed. Each indicated that they visit each living unit a minimum of once per shift. The control room staff document these visit on the unit log. The auditor reviewed logbooks during the tour and found multiple signs in documentation on each shift. While touring the control room, the control room officers showed her computerized PREA rounds documentation. The facility provided a page on one of the logbooks that documented that a supervisors visited the unit on each shift.

An examination of policy and supporting documentation and interviews with shift supervisors, warden and major confirms compliance with this standard.

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 329 1366 356">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="244 387 603 414">CDOC Administrative Directive 6.12</p> <p data-bbox="244 479 293 506">PAQ</p> <p data-bbox="244 535 1490 598">MacDougall-Walker CI does not house youthful offenders. Compliance was determined by review of PAQ and interviews with the Warden, and PREA coordinator</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC- AD 8. 17 Gender Non-Conforming</p> <p>CDOC – AD 6.1 Tour and Inspections CDOC – 6.7 Searches Conducted in Correctional Facilities</p> <p>MWCI - 6.7 Searches Conducted in Correctional Facilities</p> <p>CDOC Administrative Directive 6.12</p> <p>CDOC CPS 301 H Training curriculum for Searches</p> <p>Training records- Cross Gender Pat Searches & Searches of Transgender & Intersex</p> <p>MWCI Training Logs</p> <p>Strip Search Log</p> <p>Shift Logs- Announced gender presence</p> <p>Statement of Fact</p> <p>PAQ</p> <p>115.15 (a): CDOC Administrative Directive 6.7, Searches Conducted in Correctional Facilities mandates that cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. All security staff of the MWCI receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. training on how to conduct cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing & Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understand of the training received. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances</p> <p>115.15 (b): The facility houses male inmates. It does have transgender inmates that are in hormone therapy. Each transgender meets with the Transgender Care Committee and are allowed to provide staff preference for pat down searches.</p> <p>115.15 (c): Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. The facility also maintains a log of all strip searches. This log indicates date, time, purpose and inmate's gender and gender of persons conducting the strip searches.</p> <p>115.15 (d): CDOC Administrative Directive 6.12.1enables inmates 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. The living areas showers have curtains that provides for inmate privacy while showering. Toilet areas have partitions with door to allow inmates to use the restroom without being viewed by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a wall in front of the toile to provide privacy. All other areas that were reviewed during the tour had partitioned or single toilets with a door to provide privacy. All residents stated they can shower, use the toilet and change clothes without being seen by staff members.</p> <p>The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress and use the toilet without being viewed by staff of the opposite gender. Posting are located throughout the living units that female staff are assigned to work in housing units. The facility maintains a log for staff of the other gender to announce their presence when entering housing units.</p> |

115.15 (e): Administrative Directive 6.7, Searches Conducted in Correctional Facilities address searches of transgender and intersex inmates. Facilities shall not search or physically examine a transgender or intersex inmate solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite audit, there were 5 inmates who disclosed being transgender or intersex.

115.15 (f): All staff at MWCI receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing & Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understand of the training received. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances.

Interviews with transgender inmates indicated they are allowed to shower by themselves. and are provided a preference sheet upon arrival as to what gender they preferred to conduct pat search.

Based on the review of policies, training, and notices regarding the presence of male staff in the units, observation of the showering/dressing areas and interviews with staff and inmates it has been determined that MWCI is in compliance with this standard.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC Policy 10.12 Inmate Orientation</p> <p>CDOC Policy 10.19 American with Disabilities Act</p> <p>Language Line Services (State Agencies and Political Subdivisions Telephone Translation and Interpretation Services</p> <p>CDOC Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p>Statement of Fact</p> <p>Bilingual Staff</p> <p>PREA Brochures English/Spanish</p> <p>Language Line Solutions Reference Guide</p> <p>115.16 (a): CDOC AD 10.19 mandates that the facility shall not discriminate against inmates with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. The center has several bilingual staff at the facility and interviews with residents and staff indicated they knew staff members that were bilingual and utilized their services in communicating with the inmate population.</p> <p>Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has TTY machines for hard or hearing inmates.</p> <p>115.16 (b)(c): All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. Agency and facility policies prohibit inmates to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. During the on-site interviews there were no disabled inmates that needed special assistance complying with PREA standards.</p> <p>Compliance of this standard was confirmed by review of agency policy, contracting services for language interpretation services and interviews with PCM, Case Manager, Medical Administrator, and disabled inmates.</p> |

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1372 297">The following policies, directives and documentation were reviewed in determining compliance with this standard:</p> <p data-bbox="240 329 1059 356">Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p data-bbox="240 387 1050 414">CDOC Administrative Directive 2.3, Employee Selection, Transfer and Promotion</p> <p data-bbox="240 445 560 472">Appointment of Certified Officer</p> <p data-bbox="240 504 852 530">Background Checks for contractors with contact with inmates</p> <p data-bbox="240 562 820 589">Promotion Letter and PREA Promotion Disclosure Waiver</p> <p data-bbox="240 620 437 647">Personnel Records</p> <p data-bbox="240 678 1489 902">115.17 (a): The Departmental Policy for Background Investigation and Appointment of Certified Officers (Directive 2.3) does not allow hiring or promotions of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. All volunteer and contract re-checks are completed annually and are up to date. Interview with the Human Resource Manager and review of random employee, contractor and volunteer files were used to verify compliance to this standard. All background checks are completed by CDOC central office personnel. All personnel files are maintained in CDOC central office personnel.</p> <p data-bbox="240 934 1474 992">115.17 (b): Prior to a transfer to the facility or promotions, employees background review is conducted utilizing the Accurate Background Checks and answer the following questions.</p> <ol data-bbox="240 1023 1474 1364" style="list-style-type: none"> <li data-bbox="240 1023 1474 1117">1. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, Juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with the consent of inmate, detainee, resident etc.). <li data-bbox="240 1149 1474 1243">2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse? <li data-bbox="240 1274 1474 1364">3. Have you ever been civilly or administratively adjudicated 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? <p data-bbox="240 1395 1431 1520">115.17 (c): The agency requires that all applicants and employees who may have contact with inmates have a criminal background check. Criminal background checks for all potential employees are completed through the Connecticut Department of Corrections background division. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers shall be requested. .</p> <p data-bbox="240 1552 1474 1646">115.17 (d): The facility performs criminal background checks through the CDOC Background division before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no background check for a contractor.</p> <p data-bbox="240 1677 1431 1736">115.17 (e): A review of random staff and volunteers with five years tenure verified that criminal background checks are conducted every five years for all employees and contractors.</p> <p data-bbox="240 1767 1489 1892">115.17 (f): MWCI asks all applicants and employees who have contact with inmates directly about previous sexual misconduct. Applicants are asked these questions on the CDOC application. Employees and contractors complete a PREA Disclosure and Authorization Form – Annual Performance Evaluation annually. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions as well as a MWCI internal PREA verification.</p> <p data-bbox="240 1924 1458 2018">115.17 (g): Employees and contractors have a duty to disclose such misconduct referenced in this standard. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant.</p> <p data-bbox="240 2049 1489 2143">115.17 (h): Unless prohibited by law, MWCI will 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 the individual has applied for work.</p> |

In order to audit this standard, the auditor provided the random names of staff from the facility roster. The names were submitted to the Personnel division of CDOC, and they provided the information.

Compliance was determined by pre audit documentation, the PAQ, interviews with the human resources director and review of 20 random staff files including new hires, promotions and five-year tenure.

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC – 6.12</p> <p>Statement of Fact</p> <p>The facility has upgraded and continues to upgrade the camera systems by replacing older cameras with new high definition and pivoting cameras. Compliance was determined by review of facility camera coverage and interviews with Agency Head Designee, Warden and Major.</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 427 358">Evidence Protocol</p> <p data-bbox="242 387 572 416">AD 8.1 Scope of Health Services</p> <p data-bbox="242 445 1366 474">Memorandum of Understanding between CDOC and Connecticut Alliance to End Sexual Violence (CONNSACS)</p> <p data-bbox="242 504 751 533">St. Francis/Mt. Sinai Hospital and Hartford Hospital</p> <p data-bbox="242 562 649 591">Standards for Health Services in Prisons</p> <p data-bbox="242 620 1126 649">Memorandum of Understanding between CDOC and the Connecticut State Police (CSP)</p> <p data-bbox="242 678 1461 757">Connecticut Department of Corrections, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence, 2018</p> <p data-bbox="242 786 1458 851">115.21 (a): PREA Investigative Unit is responsible for conducting administrative sexual abuse investigations and CSP has authority and responsibility to conduct criminal investigations.</p> <p data-bbox="242 880 1489 1008">115.21 (b): The agency and the facility follow a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, CDOC and MacDougall-Walker CI both affirm their responsibility to follow a uniform evidence protocol for administrative prosecutions. Likewise,</p> <p data-bbox="242 1037 1485 1133">CDOC and MacDougall-Walker CI policy and procedures to include the uniform evidence protocol extends to the best efforts of the Connecticut State Police investigation of criminal prosecutions on behalf of CDOC and MacDougall-Walker CI. The PREA Investigative Unit will serve as an investigative liaison between the CDOC and correctional facilities in Connecticut.</p> <p data-bbox="242 1162 1497 1456">115.21 (c): The facility uses Local Hospital, St. Francis/Mt. Sinai Hospital and Hartford Hospital to conduct SANE or SAFE. In information reported on the Pre-Audit Questionnaire, there were no SANE performed during the last 12 months. Medical services to victims of sexual abuse are provided free of charge as confirmed by specialized interviews with medical and mental health practitioners during the onsite audit period. MacDougall-Walker CI medical healthcare practitioners utilize forensic sexual assault medical services (SANE/SAFE) at St. Francis/Mt. Sinai Hospitals and Hartford Hospital. An interview with the SANE/SAFE examiner at St. Francis/Mt. Sinai Hospitals and Hartford Hospital was conducted and the health care provider confirmed a comprehensive awareness of PREA standards. The representative indicated that a SANE/SAFE is available 24 hours a day, seven days a week, at one of the local medical centers. There was no SANE/SAFE examination conducted during the past 12 months.</p> <p data-bbox="242 1485 1490 1682">115.21 (d-e): CDOC has a Memorandum of Understanding between CDOC and Connecticut Alliance to End Sexual Violence (CONNSACS). Inmates are made aware of the confidential emotional support services available to them and how to access them in the Inmate Handbook and on PREA posters displayed throughout the facility in both English and Spanish. CONNSACS agreed to make available to the victim a victim advocate from a rape crisis center that will be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals.</p> <p data-bbox="242 1711 1482 1839">15.21 (f): Based on statement of fact by facility administrator, the center has not conducted a SANE test in the last 12 months. At MWCI the agency conducts all investigations that are not criminal in nature. The investigative staff are part of the PREA Coordinator Management program. All criminal investigations are conducted by the Connecticut State Police (CSP). BY MOU with CSP, the investigators utilize a uniform evidence protocol.</p> <p data-bbox="242 1868 1445 1897">Compliance of this standard were confirmed by review of the policies, MOUs, Statement of Fact, PAQ, investigative files.</p> |

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| 115.22 | <p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents</p> <p>Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment</p> <p>Connecticut Department of Correction, Administrative Directive 6.10 Investigations</p> <p>115.22 (a): CDOC Investigators conducts allegations of sexual abuse and sexual harassment investigations that are not criminal in nature. CSP investigate criminal investigations. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence. Agency and Facility investigators and the CSP staff are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff, as well as an examination of policy/supporting documentation, confirm compliance with this standard. A review of training documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff as well as an examination of supporting documentation, confirm the facility's compliance with this standard. During the last 12 months there were 6 sexual abuse allegations resulted in an investigation. (The PAQ was updated prior to the audit to provided documentation for the last 12 months.)</p> <p>115.22 (b): Based on Policies all allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations.</p> <p>The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at http://www.CDOC.</p> <p>115.22 (c): Information published on the CDOC website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.</p> <p>The facility utilizes a tracking Log to ensure all required steps of the investigation process is completed and are timely. The tracking form is maintained by the Captain, PREA Liaison. The information tracked includes the date of the allegation, name of the victim/perpetrator, RHU placement/reviews, initial two-day after-action review, full protocol, investigation outcome/date, date inmate notified of outcome, and retaliation monitoring. The closed investigation results in a written inmate outcome notification to the inmate. A review of training documents confirmed that all investigators received specialized training instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff (specialized and random), an investigator, and an examination of supporting documentation confirm compliance with this standard.</p> <p>Compliance was determined by review of investigations, policy, statement of fact, CDOC website. Final compliance was determined by interviews with the warden and the CDOC PREA coordinator.</p> |
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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 1465 412">CDOC - AD 6.12, Sexual Harassment Prevention and Intervention - PREA Basic Training Acknowledgment (Pre-Service & In-Service)</p> <p data-bbox="242 443 1254 470">Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development</p> <p data-bbox="242 501 849 528">Connecticut, Administrative Directive 10.12 Initial Orientation</p> <p data-bbox="242 560 408 586">Training Module</p> <p data-bbox="242 618 485 645">Pre-Audit Questionnaire</p> <p data-bbox="242 676 1182 703">Cross Gender Pat Searches & Searches of Transgender & Intersex (Pre-Service & In-Service)</p> <p data-bbox="242 734 1034 761">Acknowledgment of Receipt of Training & Brochures (Pre-Service & In-Service)</p> <p data-bbox="242 792 588 819">Annual In-Service Training Record</p> <p data-bbox="242 851 1469 934">115.31 (a): All staff are provided training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the inmates and preserving the possible crime scene. The facility receives training developed for CDOC and includes films, power point presentations, and lectures.</p> <p data-bbox="242 965 421 992">Training includes:</p> <ul data-bbox="242 1023 1469 1727" style="list-style-type: none"> <li data-bbox="242 1023 879 1050">▪ Zero-tolerance policy for sexual abuse and sexual harassment <li data-bbox="242 1081 1469 1142">▪ How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. <li data-bbox="242 1173 935 1200">▪ Inmates' right to be free from sexual abuse and sexual harassment. <li data-bbox="242 1232 1366 1292">▪ Inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. <li data-bbox="242 1323 919 1350">▪ Dynamics of sexual abuse and sexual harassment in confinement. <li data-bbox="242 1382 935 1408">▪ Common reactions of sexual abuse and sexual harassment victims. <li data-bbox="242 1440 1010 1467">▪ How to detect and respond to signs of threatened and actual sexual abuse. <li data-bbox="242 1498 796 1525">▪ How to avoid inappropriate relationships with inmates. <li data-bbox="242 1556 1469 1617">▪ How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. <li data-bbox="242 1648 1286 1675">▪ How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <li data-bbox="242 1706 699 1733">▪ How to conduct cross gender pat searches: <p data-bbox="242 1758 1453 1818">Newly hired employees receive training relative to PREA standards during their initial training in a classroom setting. The facility conducts training on a yearly basis. The training is conducted in classroom and computer-based training.</p> <p data-bbox="242 1850 1469 1933">115.31 (b): AD 6.12, Sexual Harassment Prevention and Intervention recognizes that the facility houses female offenders. Policy mandates that the facility will be required to modify training to meet needs of a different population. Staff assigned to specialized Post such as transportation officers, supervisors, and investigators receive additional training.</p> <p data-bbox="242 1964 1469 2096">115.31 (c): According to the PAQ, all staff have received training in the last 12 months. Staff interviewed indicated they had received additional refresher training during the last six months. At MWCI staff received annual in-service training. Between trainings, the facility shifts briefings and staff meetings, and employees receive emails regarding PREA updates and information. Third Party Reporting Posters are displayed in various locations throughout the facility.</p> |

115.31 (d): Upon completion of PREA pre-service and annual in-service training, staff sign a CDOC Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention form and a Preservice Training Record and an In-service Training Record form acknowledging receipt and understanding of all training received, including PREA. They also sign a PREA Basic Acknowledgment Training form upon completion of general PREA training and a Cross Gender Pat Searches & Searches of Transgender and Intersex acknowledgment form. Documentation of annual PREA training for employees is maintained recorded on individual training records maintained by the Training Coordinator.

A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it.

A review of documentation and staff interviews confirmed that the facility is compliant with this standard.

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>AD 6.12, Sexual Harassment Prevention and Intervention</p> <p>Administrative Directive 2.7, Training and Staff Development</p> <p>Volunteer Training (VIP)</p> <p>Documentation of Volunteer Training</p> <p>Acknowledgment of Receipt of Training and Brochures</p> <p>115.32 (a): CDOC AD 6.12 mandates that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility utilizes contractors for vending machine, pest control and specialized maintenance. The facility PAQ indicates that 199 volunteers or contractors have received volunteer training in the last 12 months. The facility utilizes the services of 199 volunteers at this time.</p> <p>115.32 (b)(c): All contractors receive the same PREA training as volunteers. At the present time there are no Contracting staff at MWCI.</p> <p>The volunteer training curriculum was provided for review. The training included 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 inmates. Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer training is maintained in the volunteer files, while contractor documentation of training is maintained by the training coordinator.</p> <p>Compliance with this standard was determined through review of procedure, CDOC PREA lesson plan, and volunteer information, signed PREA acknowledgements and interviews.</p> |

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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1505 255">Auditor Discussion</p> <p data-bbox="229 255 1505 295">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="229 295 1505 336">CDOC - AD 6.12, Sexual Harassment Prevention and Intervention</p> <p data-bbox="229 336 1505 376">Inmate Admission and Orientation (A&O) Handbook and Handbook Addendum</p> <p data-bbox="229 376 1505 416">Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges</p> <p data-bbox="229 416 1505 456">CDOC Administrative Directive 10.12 Initial Orientation</p> <p data-bbox="229 456 1505 497">CDOC Administrative Directive 10.19 American Disability Act</p> <p data-bbox="229 497 1505 537">Inmate Handbook</p> <p data-bbox="229 537 1505 577">Receipt of training for new arrivals</p> <p data-bbox="229 577 1505 618">Receipt of training for transfers</p> <p data-bbox="229 618 1505 658">Inmate PREA Brochure</p> <p data-bbox="229 658 1505 698">Facility PREA Postings</p> <p data-bbox="229 698 1505 739">Inmate Receipt of PREA Brochure</p> <p data-bbox="229 739 1505 779">Inmate Receipt of PREA Comprehensive Education (satellite facility)</p> <p data-bbox="229 779 1505 819">Completion of a corrective action plan</p> <p data-bbox="229 819 1505 860">Inmate Orientation PowerPoint</p> <p data-bbox="229 860 1505 900">20 Inmate files reviewed</p> <p data-bbox="229 900 1505 940">File Reviews report showing any inmates no receiving PREA orientation after receipt</p> <p data-bbox="229 940 1505 1240">115.33 (a): CDOC Administrative Directive 10.12 Initial Orientation mandates all Inmates receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency/facility policies and procedures for responding to such incidents. In interview with intake staff, on the day of arrival, offenders receive an Inmate Handbook, and a Sexual Assault Prevention and Reporting Offender/Student Information Brochure and sign a Receipt for Adult Offender Handbook and Adult Disciplinary Procedures form.</p> <p data-bbox="229 1240 1505 1451">115.33 (b): At the time of the audit the facility was not providing a comprehensive PREA education to inmates assigned to the main campus. During the pandemic the facility had modified their intake procedure and comprehensive education was to be conducted by one on one or group presentation after completion of their 14 days quarantine. Based on review of documentation, interviews with inmates and interviews with classification supervisor there was no documentation of inmate's receiving comprehensive education programming. A correction action plan was implemented the day after the on-site audit and provided to the auditor. The PREA coordinator's office and the Warden has provided weekly reports on compliance and the comprehensive training is being completed on each Tuesday and Thursday for all inmates that are received at the facility the prior Friday through Monday and Tuesday through Wednesday.</p> <p data-bbox="229 1451 1505 1662">115.33 (c): During the pandemic the facility had modified their intake procedure and comprehensive education was to be conducted by one on one or group presentation after completion of their 14 days quarantine. Based on review of documentation, interviews with inmates and interviews with classification supervisor there was no documentation of inmate's receiving comprehensive education programming. A correction action plan was implemented the day after the on-site audit and provided to the auditor. The PREA coordinator's office and the Warden has provided weekly reports on compliance and the comprehensive training is being completed on each Tuesday and Thursday of all inmates that are received at the facility the prior Friday through Monday and Tuesday through Wednesday.</p> <p data-bbox="229 1662 1505 2157">115.33 (d): All PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The Inmate Handbook, the PREA brochure and all verbal information given is provided in both English and Spanish. A contract for ESL detainees to provide translation of any other languages. The facility has a TTY for deaf or hard of hearing inmates</p> |

115.33 (e): The facility maintains documentation of Inmates' participation in PREA education. In review of random offender files, were complete with proper documentation of receipt of written PREA education material. During the tour of the facility, over 20 offenders were interviewed about their training programs. All indicated they received training, and most had seen the PREA video on multiple occasions.

115.33 (f): Throughout the facility were posters including Sexual Assault Prevention and Reporting Posters; CDOC Zero Tolerance Posters, End the Silence Posters, and Victim Advocacy Services. These posters were informative and included telephone numbers and addresses. Also Notice of Audit was posted throughout the facility.

Based on review of the training curriculum, interviews with residents and staff it was determined that the facility had not meet this standard. A corrective action plan was implemented, and the facility is now in compliance with this standard.

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC- AD 6.12, Sexual Harassment Prevention and Intervention.</p> <p>Administrative Directive 1.10, Investigations</p> <p>Investigative Training Curriculum</p> <p>Specialized Training Certificates</p> <p>Training Rosters</p> <p>Statement of Fact</p> <p>115.34 (a): AD 6.12 mandates that in addition to the general training provided to all employees pursuant to §115.31, the agency ensure that, to the extent the agency itself conducts or assist in conducting investigation they will have been trained to conduct sexual abuse investigation in a correction setting. The PREA Coordinator indicated during his interview that investigators are trained through the Connecticut Department of Correction and the National Institute of Corrections (NIC).</p> <p>115.34 (b): The agency Investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through CDOC training staff. The training curriculum was reviewed and included interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>115.34 (d): The agency has thirteen (13) trained investigators. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the agency. In interview of the investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in the specialized training they received.</p> <p>Compliance was determined by review of the training curriculum, investigator training records, investigators certificate of completion, investigative reports, and interviews with PREA Coordinator, Agency Head, investigators, and facility administrator.</p> |

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| 115.35 | <p>Specialized training: Medical and mental health care</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>National Institute of Corrections Module 4 Medical and Mental Health Training</p> <p>Annual Refresher Training</p> <p>Mandatory Pre-Service PREA Questions- Nurse</p> <p>115.35 (a): The medical staff at MWCI received the generalized training and specialized training through CDOC. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment as well of many other medical and mental health topics such as clinical interventions, and local policies.</p> <p>115.35 (b): The medical and mental health staff do not conduct forensic examinations.</p> <p>115.35 (c): Staff received a certification on completion for specialized training. They sign an acknowledge to training for the generalized PREA training. The facility did not have documented training which is maintained by the office of training. The medical staff provided documentation of specialized training and the medical director interviewed indicated that all staff are trained utilizing the NIC training module. All medical staff have received training prior to being assigned to have contact with offenders. The facility has developed a data base to document the training locally including medical and mental health training. Compliance was determined on interviews with several of the medical staff at the facility during the tour of the facility and during the formal interview with the medical director.</p> <p>115.35 (d): All medical staff assigned to the facility attend the same training as required mandated for employees by §115.31. They sign and acknowledge statement that they received this training. In addition to this training the staff receive specialized training for mental health and medical staff through NIC.</p> <p>Compliance was determined by review of the training curriculums, copy of certificates and interviews with the nurse and mental health staff.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p>Screening for Risk and Abusiveness</p> <p>Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p>Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges,</p> <p>HR001 Intake Screening Form</p> <p>CN 9306 PREA Screening Form</p> <p>Pre-Audit Questionnaire</p> <p>115.41 (a): The policies indicate all inmates shall be assessed at intake and upon transfer for their risk of being sexually abused by another individual or being sexually abusive towards another individual housed at the facility. This screening takes place within 72 hours of arrival at the facility utilizing an objective screening instrument. The facility conducts initial and reassessments utilizing the Intake Screening Form (ISF) which is an objective and standardized screening instrument by a trained Classification staff member. The screening is a two-part process. On the first day of arrival the intake staff conduct the first sections that includes size, perception and sexual orientation and sexual victimization. If the inmate indicates any prior victimization, or sexual abuse the intake staff notifies the shift supervisor who in turn notifies the case manager supervisor and the mental health director. At that time the shift supervisor makes notification to the mental health referral for additional mental health consultation. By policy and procedure the second day the case managers was to meet with the resident and reviews her record and discusses his sexual orientation and her perception of safety at the facility. The intake staff or the case managers can forward a referral to mental health based on history of victimization, perception and sexual orientation. The system has been designed to identify the potential risk each inmate presents for predatory behaviors or their potential risk to be preyed upon by other inmates. The facility case managers were reviewing the screening instrument more than 14 days after arrival at the facility and was filling out the case managers information at that time. The facility case managers had the impressions that this was the reassessment part of the screening instrument and not part of the initial screening. A corrective action plan was implemented the week after the on-site audit. The staff are now conducting screening per policy and procedure and providing documentation that the screening is conducted on each inmate. The facility and PREA coordinator's office has provided documentation for the last 40 days that the facility has conducted the screening and reassessment as mandated by the standard.</p> <p>115.41 (b): Intake screening takes place within 48 hours of inmates' arrival to the facility. The process that is utilized includes part of the initial intake. Once the inmate is searched, they receive PREA pamphlets and handbook. During that time the staff assigned to conduct the first sections of the screening meets with the inmates. During this meeting staff introduce PREA to the inmate and explains the purpose of the screening with the residents. Under the corrective action plan the following morning the case manager mees with the resident and conducts a file review and has the inmate to sign and acknowledgement that they have received this screening. If the inmate has past history of victimization or predator behavior the screening staff completes a referral that is sent to the medical staff and mental health staff to set up an interview with the resident. Medical and mental health staff are available during the screening process conducting a medical review and suicide screening. All screenings are referral to mental health staff for follow up if the inmate claims history of sexual victimization, history of predator sexual actions or if inmate self admits to being transgender</p> <p>115.41 (c): The Intake Screening Form is an objective and standardized screening instrument that is conducted by a trained Classification staff member.</p> <p>115.41 (d)(e): The screening includes the screener's thorough review of any available records available to assist with determining the detainee's risk assessment. The Intake Sexual Violence Assessment Tool was reviewed.</p> <p>It contains:</p> <ul style="list-style-type: none"> • Whether the inmate has a mental, physical, or developmental disability? • The age of the inmate? |

- The physical build of the inmate?
- Whether the inmate has previously been incarcerated?

- Whether the inmates' criminal history is exclusively nonviolent?
- Whether the inmate has prior convictions for sex offenses against an adult or child?
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?
- Whether the inmate has previously experienced sexual victimization?
- The inmate's own perception of vulnerability?
- Perpetrators of sexual abuse during incarceration?
- Prior conviction of violent offenses?
- History of Assaultive Conduct in DOC in the past 5 years?

The facility does not house inmates for the sole purpose of deportation.

115.41 (f): Within a set time period, not to exceed 30 days of inmates' arrival to the facility, inmates are reassessed by their assigned Case Manager for their risk for victimization and abusiveness using the Follow-up, Annual & Reassessment Sexual Violence Assessment Tool. The facility was doing the reassessment utilizing the assessment tool; however, this should have been done within 72 hours of arrival and a separate reassessment should have been completed within the first 30 days. The corrective action plan address reassessment and the auditor has been provided documentation that the facility is now in compliance.

115.41 (g): An inmate's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Annually during annual classification review assessments, inmates are reassessed for risk of victimization or abusiveness using the Annual & Reassessment Sexual Violence Assessment Tool. Transgender detainees are reassessed a minimum of every six months.

115.41 (h): Policy mandates that inmates are not be disciplined for refusing to answer any questions or for not disclosing complete information. Interviews with screening staff confirmed they would not discipline or coerce an inmate to answer Screening questions.

115.41 (i): MWCI implemented appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other individuals. Sensitive information is limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.

All inmates are screened when the transfer into the facility including detainees that leave the facility for court appearance or other administrative transfer from the facility.

Compliance was determined by interview with Case Managers and the PREA Compliance Manager and in review of random inmate records the screening process is in place. In interview with inmates, they confirmed they were screened upon arrival to the facility by the intake staff. The corrective action plan has been implemented and is being monitored by the PREA coordinator's office and the facility warden. The facility warden was the PREA compliance manager at York CI. He has been at MWCI for a short time.

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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 329 1329 358">CDOC - Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p data-bbox="240 387 525 416">List of Transgender inmates</p> <p data-bbox="240 445 525 474">Transgender preference log</p> <p data-bbox="240 504 1406 663">115.42 (a): Procedures state screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The computerized management system will initiate a code for identified predator, potential predator, high aggression risk, moderate aggression risk, identified prey, potential prey, high victimization risk, moderate victimization risk. All bed assignments made at MWCI are processed through the Classification Staff.</p> <p data-bbox="240 692 1493 786">115.42 (b): Individualized determinations are made about how to ensure the safety of each inmate. Inmates who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Inmates have an option of refusing these services.</p> <p data-bbox="240 815 1457 945">115.42 (c): Policy and practice mandates that making housing and programming assignments for transgender or intersex inmates, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Inmates who self-disclose transgender or intersex are tracked on a Transgender List that is maintained by the Classification Data System. Transgender and intersex inmates are housed based on their screening.</p> <p data-bbox="240 974 1493 1133">115.42 (d) – (f) A transgender or intersex inmate’s housing and program assignments will be reassessed every six months to review any threats to safety experienced by the inmate. Transgender and intersex inmates’ placement and programming are reviewed as needed, but at least every six months. A transgender or intersex inmates’ own views of their safety is taken into consideration. When the TCC meets with transgender or intersex inmates meet with the TCC they are given an opportunity to express their views.</p> <p data-bbox="240 1162 1469 1227">Transgender and intersex inmates are offered the opportunity to shower separately from other inmates as indicated in their Statement of Search/Shower/Pronoun Preference Form.</p> <p data-bbox="240 1256 1457 1386">MWCI does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated units or wings solely based on such identification. In interview with inmates who self-disclosed being lesbian, she did not feel she was housed any differently because of her sexual orientation. Inmates that claim prior victimization or prior sexual predator behavior. Each was referred to the mental health staff.</p> <p data-bbox="240 1415 1489 1574">During the onsite audit 2 transgender inmates were interviewed. All transgender inmates interviewed indicated on the first day of arrival they were provided a preference sheet that included showering alone, shake down preference and pronoun preference. Neither of the inmates have been at the facility more than 6 months. One transgender was originally assigned to the female facility and requested transfer to a male facility. According to interviews with medical, mental health and inmates, inmates on the hormone program are seen by the mental health and medical staff two time a month.</p> <p data-bbox="240 1603 1442 1668">Compliance was determined by review of policy and forms and interviews with the PREA coordinator, PREA compliance manager, agency head, review of the inmate data base, and faciity administrator.</p> |

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 329 1326 356">CDOC - Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p data-bbox="240 387 293 414">PAQ</p> <p data-bbox="240 445 1490 703">115.43 (a): The facility does not place inmates at high risk for victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative. Based on the PAQ and Statement of Fact, no detainee has been housed in segregation due to detainee being at high risk of being sexually victimized. CDOC policy states that inmates at high risk for sexual victimization shall not be placed in the Restrictive Housing Unit (RHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates are reassessed every seven days after entering the RHU. Staff that supervises the Restrictive Housing Unit was interviewed. He stated there has been no inmate assigned to the RHU due to victimization or for PREA investigations.</p> <p data-bbox="240 734 1477 797">115.43 (b): Inmates placed in segregated housing for this purpose have access to programs, privileges, education and work opportunities to the extent possible. The facility will document and justify any restrictions imposed.</p> <p data-bbox="240 828 1394 891">115.43 (c): The facility will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, not to exceed a period of 30 days.</p> <p data-bbox="240 922 1406 985">115.43 (d): If involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the inmate's safety and the reason no alternate means of separation can be arranged.</p> <p data-bbox="240 1016 1490 1169">115.43 (e): In cases where involuntary segregated housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed. According to the facility administrator, MacDougall-Walker Correctional Institution is the only female facility in Connecticut, therefore the facility must develop a plan for placing inmates at high risk of sexual assault in a safe program or develop a plan to includes staffing levels, or alternative to corrections to manage inmate in a safe environment which could include one on one supervision of inmates.</p> <p data-bbox="240 1200 1490 1397">According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator and security staff who supervise inmates in RHU, in the past 12 months there has not been a time that an inmate found at high risk of victimization or an inmate who alleged sexual abuse was placed in involuntary segregated housing. The Major and PREA compliance manager indicated that prior to placing an inmate in restrictive housing unit the shift supervisor would have to get approval from the facility duty officer and the facility classification staff, and management team would review the placement on the following workday to determine other alternatives.</p> <p data-bbox="240 1429 1406 1456">Compliance with this standard was determined through review of procedures, observation during tour and interviews.</p> |

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC - Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention</p> <p>Inmate A&O Handbook and Addendum</p> <p>CDOC PREA zero tolerance Policy poster (English)</p> <p>CDOC PREA zero tolerance Policy poster (Spanish)</p> <p>MWCI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.</p> <p>PREA Brochure English/Spanish</p> <p>PREA Posters</p> <p>PREA Reporting Hotline</p> <p>MOU Poster</p> <p>CSP Posters</p> <p>Posters specific for staff to monitor for sexual abuse or sexual harassment Documentation of Verbal Reports.</p> <p>115.51 (a): CDOC policy mandate that facilities provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. Policies also mandate that a private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the inmate to remain anonymous upon request. Inmates are informed in the Inmate Handbook and on poster located throughout the facility and by almost all inmate telephones.</p> <p>The handbook and PREA Posters specifically provide the following ways for inmate to report:</p> <p>Report to any staff</p> <p>Write Directly to PREA Compliance Manager</p> <p>File a grievance</p> <p>Call the PREA investigators office hotline</p> <p>Victim Advocate Hotline</p> <p>Third Party (friends/family)</p> <p>115.51 (a): Inmate interviewed new of the multiple way to report. Most stated they would tell a staff member the trusted. The auditor called the reporting numbers several times during the tour. Each telephone call was completed in a timely manner and appropriate staff answered the calls and were ready to take the report or offer a victim support staff option when the victim advocacy center was called.</p> <p>115.51 (b): The facility also provides multiple external ways for inmates to report allegations to a public or private agency that is not part of CDOC. Inmates are informed on posted information they can dial Connecticut State Police or Investigators.</p> <p>115.51 (c): Staff interviewed were aware of the requirement to accept reports made verbally, anonymously and from third parties. All staff interviewed indicated they would document verbal reports immediately and notify the shift supervisor by phone or in person.</p> <p>115.51 (d): Staff have access to private reporting by calling the or the PREA Coordinator. Information for inmate and staff reporting was found on the CDOC website https://www.CDOC.com/PREA. Third Party Reporting posters and the Employee Handbook informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual</p> |

harassment of inmates.

Exceed compliance was determined by testing the telephone system, reviewing policies and procedure, posters, and the resident handbook. Exceed compliance was also determined by interviews with inmates, staff, shift supervisors, PCM, and facility administrator and victim advocate.

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| 115.52 | Exhaustion of administrative remedies |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 485 358">Pre-Audit Questionnaire</p> <p data-bbox="242 387 1334 416">CDOC - Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention</p> <p data-bbox="242 445 935 474">CDOC - Administrative Directive 9.6 Inmate Administrative Remedies</p> <p data-bbox="242 504 443 533">Offender Handbook</p> <p data-bbox="242 562 475 591">Completed Grievances</p> <p data-bbox="242 620 1490 779">115.52 (a) CDOC Administrative Directive 9.6 Inmate Administrative Remedies provides a procedure in place for offenders to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Poster located throughout the facility advise resident that they may file a grievance. The resident handbook explains the process for filing a grievance. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation or for cooperating in an investigation will be immediately forwarded to PREA Investigators</p> <p data-bbox="242 808 1477 1037">115.52 (b): There is no time limit when an offender can submit a grievance regarding sexual abuse. CDOC does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Offenders are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict CDOC's ability to defend against a lawsuit filed by an inmate on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre Audit Questionnaire, in the past 12 months there were no PREA related grievances filed.</p> <p data-bbox="242 1066 1485 1162">115.52 (c): Policy provides that offenders have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third-party file a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p data-bbox="242 1191 1485 1288">115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal.</p> <p data-bbox="242 1317 1485 1509">115.52 (e): Third parties such as fellow offenders, family members, attorneys or outside advocates may assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of offenders. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p data-bbox="242 1538 1477 1731">115.52 (f): Policy provides offenders may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.</p> <p data-bbox="242 1760 1445 1825">115.52 (g): An offender can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. There was one inmate disciplined for filing a grievance in bad faith.</p> <p data-bbox="242 1854 1445 1919">Compliance was determined by review of the policies, grievance, and by interviews with CDOC PREA coordinator, PREA compliance managers, and facility administrator.</p> |

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>MOU between MacDougall-Walker Correctional Institution and Connecticut Alliance to End Sexual Violence (CONNSACS) Residents PREA Handbook</p> <p>Interview with Connecticut Sexual Abuse Crisis Center of Hartford</p> <p>Acknowledgement of Receipt of Handbook</p> <p>MacDougall-Walker CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention</p> <p>CDOC - Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Inmate Handbook</p> <p>Victim Advocacy PREA posters (English and Spanish)</p> <p>115.53 (a): Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention addresses the agency/facility's policies on providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the offenders and these agencies in a confidential manner. The inmates are informed by the facility and according to interviews with the Sexual Assault Crisis Services to the extent to which communications will be monitored. According to the PREA compliance manager and Sexual Assault Crisis Services the facility would monitor only to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>115.53 (b): Inmate PREA Handbook provides a phone number and address of the speed dial number and address of the Sexual Assault Crisis Services in the inmate handbook and poster located throughout the facility. The auditor called the speed dial number and spoke with a counselor with the Sexual Assault Crisis Services.</p> <p>115.253 (c): The facility has a MOU with Connecticut Sexual Assault Crisis Services to provide emotional support. Interviews with the center indicated they are certified through Connecticut Coalition Against Sexual Violence. The center indicated that inmates that call or write their office are provided with emotional support during the call and the center would work with the facility to set up a time for a victim emotional support staff member to visit with the inmate or talked to the detainee in a private office. The staff interviewed indicate they have a good working relationship with the agency.</p> <p>Compliance was determined by review of handbook, poster located throughout the center and interviews with the Sexual Assault Crisis Services.</p> |

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 1477 356">Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention CDOC PREA Website</p> <p data-bbox="242 387 927 414">Poster – Information on the PREA compliance manager and warden.</p> <p data-bbox="242 445 531 472">Third Party reporting posters</p> <p data-bbox="242 504 1473 663">115.54 (a): Reporting Posters are visible in the visitation room, lobby and is found in the inmate handbook. CDOC provides Reporting system on CDOC Website. Posters on display at the facility provide the visitors, staff and inmates with third party reporting options. Inmates can accomplish third-party reporting by having a friend or family member call the PREA hotline, notify the PCM or Warden, or notify CDOC PREA Coordinator (CDOC Hotline) Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.</p> <p data-bbox="242 694 1477 853">Family and friends can contact the facility administrator or PREA compliance managers or file a grievance on behalf of the inmates. This information is posted in areas visible to staff and visitor Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any CDOC facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed.</p> <p data-bbox="242 884 1482 945">Compliance was determined by review of the postings, reviewing the websites and interviews with PREA coordinator, PREA compliance manager of facility administrator</p> |

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Staff training</p> <p>Specialized medical training.</p> <p>Mandatory reporting Survey of Vulnerable Persons</p> <p>PREA Lesson Plan</p> <p>Statement of Fact</p> <p>Staff Report</p> <p>115.61 (a): Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention mandates staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Shift Supervisor, the PREA Compliance Manager, or facility executive staff. In interview with random staff, volunteer, and contractors, they knew their reporting duties. Staff receive training on reporting. CDOC have implemented a specialized training program for medical and mental health professionals that includes duties to report, State's vulnerable persons reporting duties and confidential reporting duties. The facility provided a statement of fact that there have been no allegations by vulnerable persons in the last 12 months.</p> <p>115.61 (b): Policy and training mandates that apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff, volunteers and contractors interviewed knew this information is to be kept confidential and knew whom to report allegations.</p> <p>115.61 (c)(d): Medical specialized medical training includes medical staff are required to report sexual abuse and to inform offenders of their duty to report and the limitations of confidentiality at the initiation of services. The training also provides reporting of a vulnerable adult under a State or local vulnerable persons statute, under applicable mandatory reporting laws. The facility does not house inmates under the age of 18. Medical and mental health staff interviewed confirmed this practice. The Nurse indicated that the inmates sign a statement that includes her limitation of confidentiality.</p> <p>115.61 (e): In interview with the facility administrator and his executive team, the MWCI reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the agency investigators and CDOC PREA coordinator. There are staff reporting posters located facility. Staff carry a PREA card with this information for easy reference in making reports. According to statement of fact there have been no reports from third parties, contractors or volunteers in the last 12 months.</p> <p>Compliance was determined by review of the policies, training curriculum and interviews with random staff, medical staff, and facility administrator. Interviews with the Agency PREA coordinator and agency head confirmed that CDOC mandates staff, volunteers, and contracts report all sections of this standard.</p> |

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 331 1490 389">Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Administrative Directive 9.9 Protective Management, Specialized medical training.</p> <p data-bbox="242 423 751 450">Mandatory reporting Survey of Vulnerable Persons</p> <p data-bbox="242 483 437 510">PREA Lesson Plan</p> <p data-bbox="242 544 424 571">Statement of Fact</p> <p data-bbox="242 604 368 631">Staff Report</p> <p data-bbox="242 665 1474 880">115.62 (a): Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention mandates when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive, and nonjudgmental. All staff (random and specialized) indicated they would act immediately to protect the inmate, including separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence and contacting the Shift Supervision, Lieutenant, Captain, Warden/PREA Compliance Manager and medical staff.</p> <p data-bbox="242 913 1493 1128">The PAQ indicated in the past 12 months there were no times it was necessary for the facility to take immediate action regarding an inmate being in substantial risk of sexual abuse. The facility administrator stated that if it was suspected an inmate was at substantial risk of sexual abuse, he would immediately move the inmate and investigate. Staff interviewed was aware of their responsibilities if they felt an inmate was at risk for sexual abuse. Random staff and shift supervisor indicated the inmate that was in imminent danger would be separated from the accuser and would be moved to RHU or other safe area and notify the shift supervisor. Compliance was determined by review of policy and interviews with the CDOC agency head, PREA coordinator, facility administrator, and random staff.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 1246 356">Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention</p> <p data-bbox="242 387 1372 414">MacDougall-Walker CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p data-bbox="242 445 424 472">Statement of Fact</p> <p data-bbox="242 504 1493 696">115.63 (a)-(c): Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention mandates on receiving an allegation that an inmate was sexually abused while confined at another facility, the incident will be reported to the PREA Compliance Manager. The Facility administrator will notify the agency or facility head where the abuse is alleged to have occurred. but no later than 72 hours of receiving the allegation. The PREA Compliance Manager will maintain documentation that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Coordinator's Office of investigations.</p> <p data-bbox="242 728 1469 956">115.63 (d): Interview with the facility administrator and PREA compliance manager they indicated along with notification to MDOC coordinator, the investigative division and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed by the agency investigator during the investigative process. Based on the PAQ MacDougall-Walker was notified of one allegation that happened at another facility. The facility and PREA Investigative office were notified. The facility received one notification at a receiving facility of an allegation of sexual abuse that occurred at MWCI. In interview with the PREA Liaison Captain the incident had been previously investigated by the PREA investigative office.</p> <p data-bbox="242 987 1445 1046">Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head, PREA coordinator</p> |

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| 115.64 | Staff first responder duties |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 1453 423">CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention MacDougall-Walker CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Staff training Specialized medical training.</p> <p data-bbox="242 452 751 481">Mandatory reporting Survey of Vulnerable Persons</p> <p data-bbox="242 510 437 539">PREA Lesson Plan</p> <p data-bbox="242 568 550 598">Statement of Fact Staff Report</p> <p data-bbox="242 627 528 656">PREA First Responder Card</p> <p data-bbox="242 685 379 714">Staff Training</p> <p data-bbox="242 743 429 772">Volunteer Training</p> <p data-bbox="242 801 293 831">PAQ</p> <p data-bbox="242 860 1465 954">115.64 (a-b): CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention and staff training requires that staff members including medical staff, suspect or an inmate or third party alleges that she or another inmate have suffered from sexual abuse the following action will be taken:</p> <p data-bbox="242 983 807 1012">Identify and separate the victim and abuser if necessary.</p> <p data-bbox="242 1041 1490 1234">Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.</p> <p data-bbox="242 1263 1445 1328">Notify the shift supervisor by telephone or in person and tell only those staff need to know in assisting you in carrying out these responsibilities.</p> <p data-bbox="242 1357 1380 1422">Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene.</p> <p data-bbox="242 1451 1485 1711">All non-contact staff interviewed that were interviewed knew their duties and reported they received the training during yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time. During the last 12 months there were 14 allegations of sexual abuse at the facility. The Medical and Mental Health Directors indicated in interview that they had been informed by an inmate that they were sexual abused. During the interviews they both were able to articulate all actions that was taken as a staff first responder. There was a total of 4 allegations that were made to non-correctional staff. In all cases the staff notified to closest correctional staff or shift supervisor. There were 8 incidents when correctional staff separated the victim and abuser. There were 3 allegations in which evidence was collected by trained correctional staff.</p> <p data-bbox="242 1740 1465 1899">Compliance was determined by review of the policies and training and by interviewing non-contact staff during the onsite audit. As an auditor I randomly tour the administrative, classification area and educational areas and ask staff if I could ask them a question. After reminding them that they don't have the answer the questions I ask them, "what would you do if an offender came to you and said it was sexual assaulted". All staff were able to articulate they would follow the above requirements.</p> |

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| 115.65 | Coordinated response |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 604 358">CDOC Administrative Directive 6.12</p> <p data-bbox="242 387 916 416">MacDougall-Walker CI Unit Directive 6.12 Intervention Staff training</p> <p data-bbox="242 445 692 474">PREA Coordinated Response Plan Checklist</p> <p data-bbox="242 504 619 533">Medical and Mental Health Screening</p> <p data-bbox="242 562 1469 719">115.65 (a): MWCI Unit Directive 6.12 mandates that facilities have a coordinated response plan. MWCI Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Coordinated Response Plan includes action required after report of sexual abuse: Initial response</p> <p data-bbox="242 748 557 777">Shift supervisors Responsibility</p> <p data-bbox="242 806 451 835">Facility Crime Scene</p> <p data-bbox="242 864 764 893">Notification required when a sexual abuse is alleged</p> <p data-bbox="242 922 427 952">Evidence Protocol</p> <p data-bbox="242 981 430 1010">Medical Response</p> <p data-bbox="242 1039 491 1068">Mental Health Response</p> <p data-bbox="242 1097 533 1126">Investigative Responsibilities</p> <p data-bbox="242 1155 759 1184">Responsibilities when sexual harassment is alleged</p> <p data-bbox="242 1214 708 1243">Responsibilities when sexual activity is alleged</p> <p data-bbox="242 1272 1458 1301">Each of the above responses includes but not limited to staff, contractors, victim advocates, and CDOC PREA coordinator</p> <p data-bbox="242 1330 1458 1420">A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Chief of Security, Lieutenants, the PREA Compliance Manager, the Lead Investigator, and members of the administrative staff are responsible to ensure compliance to the plan.</p> <p data-bbox="242 1449 1481 1509">Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention</p> <p>Statement of Fact</p> <p>CDOC did not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any inmate pending the outcome of an investigation. According to interview with the agency head "Any staff accused of sexual abuse are immediately separated from any inmate contact, placed on administrative leave and/or removed from service. The allegations are reported to the Connecticut State Police for a criminal investigation. If the Individual is fired or arrested inmate victims receive notification of the outcome.</p> <p>Compliance was determined by interviews with the agency head, and PREA coordinator.</p> |

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| 115.67 | Agency protection against retaliation |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 1319 358">CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention</p> <p data-bbox="242 387 564 416">Protection from Retaliation Logs</p> <p data-bbox="242 445 424 474">Statement of Fact</p> <p data-bbox="242 504 1490 663">115.67 (a): MDOC has as policy to protect offenders who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The policy provides procedures to protect individual in CDOC facilities. MWCI designated the PCM/Assistant Warden and Classification Supervisor as responsible for monitoring retaliation (PCM monitors staff, Classification staff monitors inmates). as the person responsible for monitoring retaliation.</p> <p data-bbox="242 692 1461 851">115.67 (b): The procedure states the agency has multiple protection measures, such as housing changes or transfers for offenders, victims or abusers, removal of alleged staff or offender abusers from contact with victims and emotional support services for offenders or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.</p> <p data-bbox="242 880 1485 1144">115.67 (c): Offenders who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager and Warden will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of offenders is documented with the investigative files. A resident that made an allegation indicated he was told they would monitor him, and he met with his Mental Health staff member for several times and asked how he was doing and so forth. He said his allegation was determined unfounded, but his mental health and the PCM asked me on several occasions if I was being treated OK.</p> <p data-bbox="242 1173 1406 1267">115.67 (d): Procedure also requires Monitoring of offenders includes periodic status checks. The PREA compliance manager was interview and indicted she would review the monitoring logs on the data base on an ongoing basis and randomly will see the offender during tour to check on her status.</p> <p data-bbox="242 1296 1461 1391">115.67 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated while the official monitoring will end, the facility would continue to check on the offender for retaliation for making a report.</p> <p data-bbox="242 1420 1474 1619">The facility documents retaliation monitoring in the inmate's file. There was one file reviewed that had monitoring documented. It was recommended that the agency develop a retaliation monitoring form so the documentation of retaliation monitoring stays with the facility. In the best case the retaliation monitoring, notification of the investigations and copy of the incident review team should be captured in the investigative file when the retaliations monitoring ends notification has been completed, incident review meeting has occurred, and corrective action plan has been completed based on the incident review team meeting.</p> <p data-bbox="242 1648 1453 1709">In interview with Retaliation Monitor, the PREA Compliance Manager and the Human Resource Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred.</p> <p data-bbox="242 1738 1490 1798">Compliance was determined by review of the monitoring agency policy and procedures, investigative files and interviews with the retaliation monitor, offender that made an allegation, agency head, and facility administrator.</p> |

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 331 1437 389">CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention MWC1 Unit Directive 6.12</p> <p data-bbox="240 423 293 450">PAQ</p> <p data-bbox="240 483 1465 640">115.68 (a): The facility's use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is based on the requirements of Standard 115.43. Interviews and documentation review at MacDougall-Walker indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p data-bbox="240 674 1477 797">Interviews with staff that supervise inmates in segregation indicated during an interview that if an assessment cannot be immediately completed, MacDougall-Walker would hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The mentioned above require staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment.</p> <p data-bbox="240 831 1493 1155">The Warden and PREA compliance manager confirmed with the Auditor that staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody (RHU), alternatives such as placing the inmate in another housing unit or transferring the inmate to another facility. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in RHU. The staff that supervises RHU confirmed that to the extent possible, access to programs, privileges, education and work opportunities would not be limited to inmates placed in RHU for the purpose of protective custody for reasons of sexual abuse or sexual harassment. Restrictions of programs, privileges, education or work would be documented by the facility. There were no inmates placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy and supporting documentation, as well as a tour of the facility and staff interviews.</p> |

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 331 1187 358">CDOC Administrative Directive 1.10 Investigations - Inquiries and Administrative Investigations</p> <p data-bbox="242 392 1321 418">CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention</p> <p data-bbox="242 452 1372 479">MacDougall-Walker CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</p> <p data-bbox="242 512 448 539">Investigator Training</p> <p data-bbox="242 573 603 600">Administrative Investigative Reports</p> <p data-bbox="242 633 293 660">PAQ</p> <p data-bbox="242 692 1485 902">115.71 (a): CDOC Administrative Directive 6.12 and CDOC Administrative Directive 1.10 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the MWCI, promptly, thoroughly, and objectively, including third party and anonymous reports. The Connecticut State Police (CSP) is identified by directive and agreement as the primary investigative authority (criminal) for the CDOC and MacDougall-Walker CI. The CDOC PREA Investigative Unit serves as the principal investigators for initial inquiries and administrative investigations. The Statewide PREA Investigative Unit Director/PREA Coordinator indicated that administrative reports that are investigated by his unit but thought to be criminal are forwarded to CSP for review and the appropriate action.</p> <p data-bbox="242 934 1453 1059">115.71 (b): The CDOC PREA Investigative Unit has thirteen (13) trained investigators that have completed specialized training in the investigation of sexual abuse allegations. The PPRA Manager (Coordinator) provided documentation of completion of specialized investigative training completed by facility investigators. The investigators were interviewed and were extremely knowledgeable regarding conduct investigations in a confinement setting.</p> <p data-bbox="242 1090 1477 1216">115.71 (c): It is the responsibility of CDOC PREA Investigative Unit with the assistance of the facility investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigator will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="242 1247 1457 1310">115.71 (d): When the quality of evidence supports criminal prosecution, CSP may conduct compelled interviews only after consulting with prosecutors.</p> <p data-bbox="242 1341 1493 1435">115.71 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. An offender who alleges sexual abuse is not required to submit to a polygraph examination.</p> <p data-bbox="242 1467 1461 1592">115.71 (f): In interviews with the investigators, they indicated that investigator review an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.</p> <p data-bbox="242 1624 1469 1686">115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from CSP.</p> <p data-bbox="242 1718 783 1744">Allegations will be tracked on the PREA Tracking Log.</p> <p data-bbox="242 1776 1469 1870">115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information reported on the Pre-Audit Questionnaire and in interview with PREA investigators, since the last PREA audit there 3 allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the CSP Investigator.</p> <p data-bbox="242 1901 1485 1964">115.71 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p data-bbox="242 1995 1489 2058">115.71 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation</p> <p data-bbox="242 2089 1469 2152">115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, he reported</p> |

that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. In interview with CDOC PREA Investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation.

Compliance was determined by review of the agency policy and procedures, training curriculum, PAQ, investigative reports and interviews with PREA investigator and agency head designee, PREA coordinator and facility Warden.

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC Administrative Directive 1.10</p> <p>Administrative report of investigation</p> <p>Investigator training curriculum</p> <p>115.72 (a): Based on CDOC Administrative Directive 1.10 and Investigator training the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In interview with facility investigators, they confirmed this practice.</p> <p>Compliance was determined by review of policy, training curriculum, and interview with trained investigators.</p> |

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| 115.73 | Reporting to inmates |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 967 358">CDOC Administrative Directive 1.10 CDOC Administrative Directive 6.12</p> <p data-bbox="242 387 497 416">MWCI Unit Directive 6.12</p> <p data-bbox="242 445 564 474">Administrative Investigative files</p> <p data-bbox="242 504 293 533">PAQ</p> <p data-bbox="242 562 601 591">Notice of Outcome of Investigations</p> <p data-bbox="242 620 1474 775">115.73 (a): CDOC Administrative Directive 6.12 indicate that following an investigation of sexual abuse of an offender, the offender shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The OIG or facility investigator is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The offender receives a copy of the form, and a copy is forwarded to the PREA Coordinator office.</p> <p data-bbox="242 806 1485 936">115.73 (b): According to policy and PREA Coordinator if the facility did not conduct the investigation, the PREA investigative Unit. shall request the relevant information from the investigative agency in order to inform the offender. In interview with Warden, he indicated that PREA Investigative Unit provides the findings and the facility provide the information to the offender and have them to sign the outcome of the investigation.</p> <p data-bbox="242 967 1485 1193">115.73 (c): Per the procedures, every allegation is investigated, and every investigated allegation outcome was reported to the inmate with a finding as to whether it was substantiated, unsubstantiated or unfounded. if the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate, the facility shall inform the inmate whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 1225 1449 1319">115.73 (d): Policy and procedure requires following an offender's allegation that he has been sexually abused by another offender, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 1350 1485 1411">115.73 (e): All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file.</p> <p data-bbox="242 1442 1445 1503">Compliance was determined by review of the agency and facility policy and interviews with PREA compliance managers, investigators, and facility administrator and review of investigative files and notice of outcome memos.</p> |

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="229 300 1509 344">CDOC administrative Directive 2.17 Employee Conduct</p> <p data-bbox="229 344 1509 389">CDOC Administrative Directive 6.12</p> <p data-bbox="229 389 1509 434">PAQ</p> <p data-bbox="229 434 1509 479">115.76 (a): CDOC Administrative Directive 6.12 establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.</p> <p data-bbox="229 479 1509 524">115.76 (b): Based on policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="229 524 1509 568">115.76 (c): Based on policy and facility administrator and human resources staff disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="229 568 1509 613">115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal.</p> <p data-bbox="229 613 1509 658">In interview with the facility administrator and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no staff member received any adverse action regarding a PREA violation. Staff training includes personnel policies involving violation of PREA standards or having any sexual activity with offenders.</p> |

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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1353 297">The following polices, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="244 331 604 358">CDOC Administrative Directive 6.12</p> <p data-bbox="244 389 499 416">MWCI Unit Directive 6.12</p> <p data-bbox="244 448 499 474">PREA training curriculum</p> <p data-bbox="244 506 296 533">PAQ</p> <p data-bbox="244 564 1461 654">115.77 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature.</p> <p data-bbox="244 685 1445 748">Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.</p> <p data-bbox="244 779 1437 842">115.77 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.</p> <p data-bbox="244 873 1490 994">During the previous year, there no incident where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at MWCI. Compliance was determined by review of the volunteer training and statement acknowledging violation of PREA standards. Also interviews with one volunteer, PREA compliance manger and facility administrator confirm compliance with this standard.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1353 300">The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="240 331 603 358">CDOC Administrative Directive 6.12</p> <p data-bbox="240 389 497 416">MWCI Unit Directive 6.12</p> <p data-bbox="240 448 424 474">Inmate Handbook</p> <p data-bbox="240 506 620 533">Posters located throughout the facility</p> <p data-bbox="240 564 1425 685">115.278 (a): According to CDOC rules and sanctions, if an inmate is found guilty of engaging in sexual abuse involving another inmate, either through administrative or criminal investigations, the inmate will be subject to formal disciplinary sanctions. The Inmate Program Handbook outlines violations an inmate will be disciplined for and the sanctions to be imposed.</p> <p data-bbox="240 716 1420 779">115.278 (b): Sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 810 1473 904">115.278 (c): Based on MWCI Unit Directive 6.12- Inmate Discipline the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 936 1477 1057">115.278 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The Connecticut Department of Corrections will determine if the inmate will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.</p> <p data-bbox="240 1088 1481 1151">115.278 (e): Disciplining an inmate for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.</p> <p data-bbox="240 1182 1465 1276">115.278 (f): A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="240 1308 1490 1438">115.278 (g): The agency prohibits all sexual activity between inmates. Facilities may not deem that sexual activity between offenders is sexual abuse unless it is determined that the activity was coerced. In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there was no disciplinary sanction imposed for offender violating the policy agencies against engaging in sexual activity.</p> <p data-bbox="240 1469 1473 1532">Compliance was determined by review of the policy, review of an incident report and interviews with the investigator, PREA compliance manager and facility administrator.</p> |

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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

CDOC Administrative Directive 8.5 Mental Health Services

Intake staff notifying a Mental Health referral

Mental Health evaluation notes

115.81 (a): If during initial PREA screening, the inmates reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the offender will be referred to mental health for further evaluation within 14 days. In review of the 30-day follow-up assessments the offender discloses prior victimization not reported during initial screening, the

PREA Compliance Manager will refer the inmate to mental health for further evaluation. Medical and the Mental Health Provider, according to their professional judgement, determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, no inmate assigned to the facility in the past 12 months disclosed prior victimization. Interviews with health and psychology services staff, confirmed the MacDougall-Walker Correctional Institution has a system for collecting medical and mental health information on inmates. The system allows medical and mental health staff to provide an initial assessment and continued re-assessment and follow up services to the inmates. Intake Screening. All newly admitted and inter facility transferred inmates are required to be screened by health services staff upon admission to the facility prior to placement in general population. A mental health referral and evaluation by mental health staff within 24 hours of referral is also required for the following circumstances such as: A. Inmates incarcerated for the first time.

- B. Inmates discharged from a psychiatric facility within the last 30 days.
- C. Inmates who, within 30 days of incarceration, have displayed or indicated a suicidal ideation but lacked a plan to carry out the suicide.
- D. Inmates with mental health concerns as identified by the court, or as reported by a concerned party.
- E. Inmates with a history (within the past three (3) years) of suicide attempts or plans, either self-reported or reported by a concerned party.

Inmates with a history of suicide attempts or ideation beyond three (3) years or inmates currently participating in outpatient mental health programs or services must be seen by mental health staff within 72 hours of admission. When indicated, mental health providers confirmed a duty to offer a follow-up meeting with a mental health provider within 14 days of the intake screening with inmates having experienced prior sexual victimization or prior perpetration of sexual abuse.

115.81 (b): Any inmate who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will offered a follow meeting with medical or mental health within 14 days of the screening. There were no inmate that claims he perpetrated a sexual abuse.

115.81 (d): Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise federal, state or local law.

115.81 (e): Interviews with medical and mental health providers confirmed that inmates signed and dated informed consents before reporting prior sexual victimization which did not occur in an institutional setting is disclosed to need-to-know staff. MacDougall-Walker Correctional Institution does not house inmates under the age of 18. Electronic medical records are password protected. Inmates have a right to refuse these services.

Based on interview with medical provider that coordinates for mental health services. The mental health staff are available during the intake process and conduct suicide screening and interviews with transgender detainees. In interview with the mental health provider, typically the mental health staff will interview inmates with history of victimization during their intake process.

The facility was not able to provide the number of inmates that were seen by medical or mental health staff following intake screening or during rescreening or PREA incident that required mental health interventions.

Compliance with this standard was based on policies, interview with the medical administrator, intake staff and PREA compliance manager.

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC Administrative Directive 6.12</p> <p>MWCI Unit Directive 6.12</p> <p>PAQ</p> <p>115.82 (a): CDOC Administrative Directive 6.12 and the coordinated response plan provide a procedure for Victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services.</p> <p>115.282 (b): All staff first responders are trained to take preliminary steps to protect the victim. Security staff first responders are to take preliminary steps to protect the victim and notify facility medical and mental health staff immediately. The Mental Health Provider would present a Consent to Evaluate: Sexual Abuse Allegation form to the alleged victim prior seeking their consent to conduct a mental health evaluation of an alleged victim of sexual abuse.</p> <p>115.82 (c): Offender victims are offered prophylactics for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Medical staff indicated that is part of the SANE process and she would follow up when the offender returns to the facility.</p> <p>115.82 (d): Based on review of policy and in interviews with PREA compliance manager all services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Compliance was determined by review of the coordinated response plan, MOU with CONNSACS. Compliance was also determined by interviews with nurse, first responders, random staff, PREA compliance manager and facility administrator. The facility provides a statement of fact that there are medical staff on duty 24 hours a day.</p> |

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 295">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="229 295 1509 336">CDOC Administrative Directive 8.5 Mental Health Services</p> <p data-bbox="229 336 1509 376">MacDougall-Walker CI Unit Directive 6.12</p> <p data-bbox="229 376 1509 416">CDOC Administrative Directive 6.12</p> <p data-bbox="229 416 1509 456">Inmate Handbook</p> <p data-bbox="229 456 1509 555">115.283 (a): The facility offers ongoing medical and mental health care to all inmates who have been victimized by sexual abuse.</p> <p data-bbox="229 555 1509 672">115.283 (b): According CDOC Administrative Directive 6.12 treatment services would include the evaluation and treatment would include follow-up services, treatment plans and referrals for continued care upon transfer or release. According to the mental health and medical administrator medical and mental health care provided is consistent with the community level of care.</p> <p data-bbox="229 672 1509 712">115.283 (d): The facility houses males.</p> <p data-bbox="229 712 1509 752">115.283 (e): The facility houses males at this time.</p> <p data-bbox="229 752 1509 851">115.283 (f): Inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="229 851 1509 949">115.283 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="229 949 1509 1048">115.283 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.</p> <p data-bbox="229 1048 1509 1191">The MacDougall-Walker Correctional Institution offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. The facility houses male inmates. MacDougall-Walker Correctional Institution has fully staffed medical and mental health departments and offers victims of sexual abuse/sexual harassment medical and mental health services consistent with the standard of care available in the community. Inmate victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Mental health evaluations are conducted on all known inmate-on-inmate abusers within at least 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners</p> <p data-bbox="229 1191 1509 1344">On information provided by the PREA Compliance Manager, in the past 12 months, there were no inmates who required ongoing medical or mental health treatment due to being victimized by sexual abuse. There are no inmates that are receiving services from the Victim Advocates program at the time of the audit. Compliance was determined by review of the CDOC directives, interviews with medical and mental health staff.</p> |

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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Administrative Investigative Report</p> <p>Report of Investigation</p> <p>After Action Review (Incident Team Meeting)</p> <p>CDOC Administrative Directive 6.12</p> <p>115.86 (a-b): CDOC Administrative Directive 6.12 requires facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated within 30 days of the conclusion of the investigation. At the time of the PAQ there were 7 allegations of sexual abuse in the last twelve month that required an incident review team meeting at the time of the audit. An incident team meeting was completed on all substantiated and unsubstantiated investigations unless the investigation had not been completed in time for a team meeting. Three of the team had met and sent the review forward for administrative review by PREA coordinator and approval by CDOC.</p> <p>115.86 (c): The Incident Review Committee consists of the facility administrator, Chief of Security, PREA Compliance Manager, Lead Investigator, Unit Manager, Classification Supervisor and the nurse, and the PREA Coordinator may attend via telephone or in person.</p> <p>115.86 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.</p> <p>115.86 (e): The facility will implement the recommendations for improvement or documents the reasons for not doing so. When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents.</p> <p>Compliance was determined by agency and facility policies, CDOC investigative data base which mandates after action reports on all allegations of sexual abuse or sexual harassment except when they are unfounded.</p> |

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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Data Collection</p> <p>Data Definition</p> <p>CDOC Investigative Unit</p> <p>CDOC yearly investigation from 2015 - 2021</p> <p>CDOC Corporate Annual Report</p> <p>CDOC Website</p> <p>PREA Tracking Log</p> <p>SSV 2017</p> <p>115.87 (a): CDOC mandates that all facilities under the CDOC umbrella collect uniform data for every allegation of sexual abuse at all facilities under their control. CDOC requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at 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. MDOC Policy requires that all private facilities contracted for housing offenders comply with PREA standards and provide information that is required for DOJ survey monthly.</p> <p>115.87 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator monthly on the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures that a PREA Survey is created, updated, and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.</p> <p>115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).</p> <p>115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.287 (e): This PREA coordinator requires monthly reports from all contracting facilities. The yearly report includes private facility reporting. The PREA Investigative Unit conducts all investigations in Private Centers.</p> <p>115.287 (f): Upon request, CDOC shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The facility provided a copy of the annual log for review. The log contained all elements required by policy. The review of the log and interview with PREA compliance manager and PREA coordinator confirmed compliance with this standard.</p> |

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>CDOC Administrative Directive 6.12</p> <p>CDOC Annual PREA Data Report</p> <p>CDOC Investigative Unit https://portal.ct.gov/DOC/Miscellaneous/PREA</p> <p>115.288 (a): CDOC reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. This information is provided in the annual report.</p> <p>115.288 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>115.288 (c): The PREA Coordinator forwards the annual report to the Senior Management and the Agency Director. The report is made public on the CDOC website at https://portal.ct.gov/DOC/Miscellaneous/PREA</p> <p>115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of CDOC's annual report.</p> <p>Compliance of this standards was determined by reviewing annual reports for CDOC, review the facility policy and interviews with the PREA coordinator and PREA compliance manager.</p> |

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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 331 603 358">CDOC Administrative Directive 6.12</p> <p data-bbox="242 389 584 416">CDOC Annual PREA Data Report</p> <p data-bbox="242 448 959 474">CDOC Investigative Unit https://portal.ct.gov/DOC/Miscellaneous/PREA</p> <p data-bbox="242 506 1430 564">115.289 (a): CDOC Administrative Directive 6.12 ensures that data collected are securely retained for at least 10 years according to CDOC policy.</p> <p data-bbox="242 595 1457 685">115.289 (b): CDOC makes all aggregated sexual abuse data from all its facilities made public annually on their website at https://portal.ct.gov/DOC/Miscellaneous/PREA. A review of the website confirmed that the agency has PREA reports from 2017 until 2021 uploaded in the above website.</p> <p data-bbox="242 716 1294 743">115.289 (c): Before making aggregated sexual abuse data public, CDOC removes all personal identifiers.</p> <p data-bbox="242 775 1434 801">115.289 (d): CDOC Administrative Directive 6.12 ensures that data collected are securely retained for at least 10 years.</p> <p data-bbox="242 833 1458 860">Compliance was determined by review of three (3) annual report, policy and interview with the Agency PREA Coordinator.</p> |

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| 115.401 | <p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>MWCI Unit Directive 6.12</p> <p>CDOC Administrative Directive 6.12</p> <p>PREA Audit Postings</p> <p>115.401 (a): CDOC Administrative Directive 6.12 require during the three-year period starting on August 20, 2013, and each three-year period thereafter, CDOC's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of MacDougall-Walker Correctional Institution was conducted February 2016 by a DOJ certified PREA auditor. The second audit was conducted in March 2019 by a DOJ Certified auditor. This is the third audit of this facility and is being conducted by a certified PREA auditor. This auditor's recertification was effective January 1, 2022. This is the third certification or recertification of this auditor.</p> <p>115.401 (b): According to CDOC's PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, CDOC ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3 year cycle. This is the third year of this cycle. According to CDOC coordinator all facilities are scheduled to be audited during this cycle.</p> <p>115.401 (h): During the audit, I was allowed access to all areas of Facility. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p> <p>115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.</p> <p>115.401 (m): I interviewed random staff on duty for the for the first 24 hours of the audit and random sample of inmate during the onsite audit. No inmate declined to be interviewed and the facility did not prohibit me from interviewing inmates selected for interview. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondences from residents. The information was posted on April 4, 2022.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 115.403 (f): Per agency policy and standard requirements, CDOC ensures me that this final report will be published on their website and be available to the public. The reports from February 2016 and October 2019 were available on the CDOC website. |

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | 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 |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | 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 inmates.) | yes |

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| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | 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 |
| | 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 |
| | 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 |
| | 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 inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | 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 |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | 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 |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

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| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency 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? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency 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? | yes |
| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | na |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | na |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | na |

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| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |

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| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | 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 |
| | 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 |

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| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | 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 |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |

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| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates 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 inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |

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| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |
| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | yes |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

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| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |
| 115.42 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

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| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |

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| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| 115.43 (c) | Protective Custody | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) | Protective Custody | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | yes |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

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| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | yes |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

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| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate 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 |

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| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |

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| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

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| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |

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| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |

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| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |