

PREA AUDIT REPORT **Interim** **Final**
ADULT PRISONS & JAILS

Date of report: June 22, 2017

Auditor Information			
Auditor name: Robert Lanier Address: PO Box 452, Blackshear, GA 31516 Email: rob@diversifiedcorrectionalservices.com Telephone number: 912-281-1525			
Date of facility visit: May 10, 2017			
Facility Information			
Facility name: Carl Robinson Correctional Institution Facility physical address: 285 Shaker Road Enfield, CT 06082 Facility mailing address: (if different from above) Click here to enter text. Facility telephone number: 860-253-8307			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: William Murphy			
Number of staff assigned to the facility in the last 12 months: 342			
Designed facility capacity: 1478			
Current population of facility: 1464			
Facility security levels/inmate custody levels: 1 thru 3			
Age range of the population: over 18			
Name of PREA Compliance Manager: Yadira Otero-Negron		Title: Deputy Warden	
Email address: Yadira.otoro@ct.gov		Telephone number: 860-253-8267	
Agency Information			
Name of agency: Connecticut Department of Corrections			
Governing authority or parent agency: (if applicable) State of Connecticut			
Physical address: 24 Wolcott Hill Road Wethersfield, CT 06109			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: 860-692-7480			
Agency Chief Executive Officer			
Name: Scott Semple		Title: Commisioner	
Email address: scott.semple@ct.gov		Telephone number: 860-692-7480	
Agency-Wide PREA Coordinator			
Name: David McNeil		Title: Director	
Email address: david.mcneil@ct.gov		Telephone number: 203-250-8136	

AUDIT FINDINGS

NARRATIVE

The on-site audit of the Carl Robinson Correctional Institution was conducted on May 9 and May 10, 2017. The auditor forwarded a Notice of PREA Audit to be posted in areas accessible to staff, inmates, contractors, volunteers and visitors. Contact information was provided to enable anyone desiring to contact the PREA Auditor regarding any PREA related issue to do so. The auditor received one letter from an inmate requesting to see the auditor. The facility provided a flash drive containing agency policies, directives, and local procedures as well as other supporting materials to document compliance with the PREA Standards and to enable the auditor to understand the operation of the facility. The Department of Correction PREA Director also provided documentation, including agency policies and procedures for review. The auditor requested additional documentation to be provided on site and developed a tentative agenda for the on-site audit. The Warden is a very proactive individual. He arranged a conference call with the Auditor for introductions, to discuss the audit and logistics for conducting the audit. It became apparent in that conference call, attended by the Warden, PREA Compliance Manager and Deputy Warden, that the Warden is proactive and committed to the sexual safety of the inmates in his custody. The Auditor arrived at the Carl Robinson Correctional Institution at about 0800 on May 9, 2017. The Auditor was greeted by the Warden and the Administrative Captain, who is the facility's PREA Compliance Manager. After discussing the audit process and the tentative agenda, the auditor began interviewing staff. Following a tour of the facility, led by the Deputy Warden, and Administrative Captain, the auditor proceeded to interview staff, both random and specialized. At the conclusion of Day 1, the auditor and PREA Compliance Manger met to discuss the next day's plans, which were to complete staff interviews, review the provided documentation and to conduct inmate interviews.

On day 2 of the audit, the auditor interviewed inmates and continued reviewing documentation. At the conclusion of the inmate interviews the auditor reviewed the additional documentation provided and conducted an exit with the Deputy Warden/PREA Compliance Manager and the Warden.

Twelve (12) random staff, multiple informal interviews with staff and inmates during the tour and sixteen (16) specialized staff were interviewed during the course of the audit. The Agency's PREA Coordinator was previously interviewed. Fifteen (15) inmates were interviewed during the two days of the on-site audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Carl Robinson Correctional Institution is a 1,478 bed, level 3 correctional institution which also includes housing for level 2 inmates and level 1 inmates approved for community supervision. The mission of Carl Robinson Correctional Institution is to operate congruently with the mission of the Connecticut Department of Correction. Specifics include the provision of effective opportunities for inmates to obtain necessary life skill, education, and values to facilitate successful integration into their families and communities.

The facility consists of ten (10) housing units, some of which address a specific purpose i.e., new admissions, outside clearance, school and the T.I.M.E. program (Tier IV Addiction Services). There are also stand-alone buildings for Administration, Operations, Activities (Education Department, Library, Religious Services), and Program Building, Visitors' Center, Recreation and Dining Hall.

SUMMARY OF AUDIT FINDINGS

The auditor's methodology included the following: 1) Providing a Notice of PREA Audit to enable anyone who wanted to communicate with the auditor regarding any PREA related issue; 2) Reviewing documentation provided on the flash drive to the auditor by the Agency's PREA Director and PREA Compliance Manager; 3) Requesting clarification and additional documentation; 4) Conducting a tour of the facility, making observations including staff supervision, placement of cameras and mirrors, observation of blind spots, inmate access to phones and PREA related information, including phone numbers and directions for placing calls to the PREA Hotline and outside agencies and observations of showers and restrooms; 4) Interviews with random and specialized staff; 5) Interviews with random and specialized inmates and 6) Assessment of the additionally provided information. Ten random staff were interviewed and 13 specialized staff were interviewed. Ten inmates were interviewed.

Forty-three (43) standards were reviewed. One standard was rated "exceeded" ; two standards were rated "not applicable" and forty (40) standards are rated "met".

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

Connecticut Department of Correction, Administrative Directive, 6.12, Sexual Assault/Sexual Harassment Prevention and Intervention asserts and addresses the Department's zero tolerance policy on inmate sexual abuse/sexual harassment. The agency has a zero tolerance for all forms of sexual activity in the Department's facilities. All employees, inmates, contractors, volunteers, vendors and visitors are subject to the zero-tolerance policy. Policy also provides that violations of the zero tolerance policy may result in administrative or criminal sanctions. All of the PREA definitions, as required in the PREA Standards, are clearly defined in this directive and in compliance with the standards. This policy is comprehensive and clearly identifies and discusses this agency's approach to prevention, detecting, reporting and responding to sexual abuse and sexual harassment. Each facility is required to establish procedures for inmate sexual abuse/sexual harassment prevention and intervention. The Agency's approach to prevention, detecting, responding and reporting is described throughout Administrative Directive, 6.12, Sexual Assault/Sexual Harassment Prevention and Intervention.

The Carl Robinson Correctional Institution (CRCI) Unit Directive, 6.12.18, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention affirms CRCI's zero tolerance policy on sexual abuse/sexual harassment. It requires that all employees, inmates, contractors, volunteers, vendors and visitors are subject to the zero tolerance policy and that violations of the policy may result in administrative and/or criminal sanctions.

After the new Federal PREA standards were passed, the CTDOC was quick to appoint a Department level PREA Coordinator to develop, implement, and oversee the Department's efforts to comply with the PREA standards. Although Connecticut was already practicing many of the required standards, it was important to complete a gap analysis to identify areas that needed revision to comply with the PREA standards. Once this analysis was completed, a strategic plan was developed to guide the agency's compliance efforts. Directive 1.6, documents the designation of the PREA Director as a Division Administrator. The effective date of the designation was August 8, 2014.

Directive 1.6, Page 2., provides for an agency PREA Coordinator appointed as a Division Administrator. The agency's PREA Coordinator reports directly to the Deputy Commissioner-Administration and indicates he has sufficient time and authority to develop, implement and oversee agency efforts for compliance. An interview with the PREA Director indicates he is a very experienced individual who has a grasp of PREA and how to implement it in his facilities. He also heads up the PREA Investigating Unit.

The Robinson Correctional Institution has designated the Administrative Captain as the PREA Compliance Manger. He reports directly to the Deputy Warden of the facility, who provides him with the resources and support he needs to perform his duties. The Deputy Warden had previously served as the PREA Compliance Manager. She is also very knowledgeable of PREA and the challenges of implementing it and sustaining the standards in a correctional facility. An interview with the PREA Compliance Manager indicated he is knowledgeable of the PREA Standards and because of his experience in the facility, he understands the operation of the facility and its facility dynamics, enabling him to implement the standards and monitor them for compliance. An Interview with the agency's PREA Director, confirmed that he is an experienced staff person who also has extensive knowledge of PREA and how best to implement it in the DOC facilities in Connecticut. Interviews with staff, random and specialized, representing all shifts, and inmates representing every housing unit of the facility confirmed they are well aware of the agency and facility's prohibition against any form of sexual activity, including

zero tolerance for all forms of sexual abuse, sexual harassment and sexual misconduct. Zero Tolerance is kept in the forefront through PREA Posters posted throughout the facility.

PREA is implemented in this facility through the promulgation of policy and procedures that are consistent with the PREA Standards, training staff, ensuring the policies are adhered to, providing training for inmates at intake and through follow-up, checking with supervisors for compliance and touring the facility with top managers.

Inmates, staff, contractors and volunteers affirm understanding zero tolerance by signing acknowledgment statements. Multiple samples were provided to confirm staff and resident training in the zero tolerance policy.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

The agency provided a sample of two contracts containing the PREA Language. Paragraph 44, Prison Rape Elimination Act, (PREA) requires all contractors providing residential services shall adhere to the federal Prison Rape Elimination Act of 2003, Public Law 108-79. A copy of the PREA Standards is available upon request to the CTDOC Contracts Administration Office. Additionally, all contractors providing residential services shall comply with the CTDOC policies and procedures as they related to PREA standards for contracted residential community programs, as such policies and procedures are delineated and maintained in the CTDOC Parole and Community Services Residential Provider Manual. Both contracts also required that CTDOC staff have access to the programs at any time, enabling them to monitor for compliance if needed. In complying with the PREA Standards, each contracted program has to undergo a PREA Audit as required every three years to demonstrate compliance. The Pre-Audit Questionnaire documented there were no agency contracts for the confinement of residents/inmates that did not contain the PREA compliance language.

Standard 115.13 Supervision and monitoring

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

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Connecticut Department of Correction Policy 6.12, Inmate Sexual Abuse/Sexual Harassment, requires the agency PREA Coordinator assist in the development of a staffing plan that provides for adequate levels of staffing in all facilities, and, where

applicable, video monitoring to protect inmates against sexual abuse. Each facility must document and justify all deviations from the staffing plan. Whenever necessary but at least once a year for each facility, the agency PREA Coordinator, in consultation with others in the agency, assess, determine and document whether adjustments are needed to the staffing plan, video and other monitoring technology and document whether adjustments are needed to the staffing plan.

The facility provided an in-depth and comprehensive staffing plan based on an analysis of posts, including 7 day posts and 5 day posts. Taking into account time off allotment and using a relief factor of 1.6, the staffing analysis determined the need for a minimum of 49 officers assigned to first shift; 51 assigned to second shift and 39 assigned to third shift. Posts, including fixed post, pull posts and shutdown posts are identified. The plan is predicated on a total bed count of The plan was approved by the Deputy Commissioner of Operations and the PREA Director. An interview with the PREA Compliance Manager who is also an administrative Captain, indicated the adequate staffing plan was developed essentially by the Central Office determining the numbers of staff with the facility determining how to deploy them. He indicated the staffing plan considered the posts, current staffing, factoring in time off ratios/considering relief factor and consultation with the PREA Coordinator. He indicated that there are no deviations from the minimum adequate staffing. To assure the minimums are met he indicated he may have to ask staff to stay over and volunteer to pull overtime and mandatory overtime. . Interviewed staff reported there have been no deviations from the staffing plan because in the event of "call outs" the facility may shut down a post, pull a post, hold staff over, mandatory overtime if needed and volunteer overtime. Staff reported the minimum staffing levels are 49 on first shift, 51 on second shift and 39 on third shift. Staff related the shift will always start with at least the minimum staffing.

Video monitoring is used to supplement supervision. During the tour of the facility cameras were observed and in a number of areas where blind spots existed the facility utilized mirrors in an attempt to mitigate the blind spots. The facility controls access to areas through restricting keys to authorized staff only. Doors are locked and secured. Staff, during the tour were positioned strategically to ensure inmates were within their view. The facility is an older facility and does have a number of areas that need to be checked during unannounced PREA rounds to determine clandestine sexual activity. Cameras are monitored in the control room and may also be viewed in the Warden and Deputy Warden's office. There have been no allegations of sexual abuse or sexual harassment at this facility during the past twelve months.

Administrative Directive 6.1, Tours and Inspections, requires tours of the facility and states the purpose of these tours include and detecting acts of sexual abuse/sexual assault. This directive also prohibits staff from alerting other staff that the rounds are being conducted absent legitimate security reasons. Administrative Directive 6.1, breaks down the requirements for varying levels of staff and positions in making rounds. The directive requires each area of the facility to be toured by a custody supervisor at least twice per shift. Correction Officers are required to tour general population housing units, to which they are assigned, at a minimum of every 30 minutes. Counseling/program staff are required to tour their assigned housing, work and program areas daily. Tours are required of food services, educational staff, chaplain, maintenance supervisor, plant engineers, warehouse supervisors and commissary Tours are to be documented in the area logbooks. An interviewed Lieutenant related he conducts unannounced PREA rounds. The Lieutenant related they make two unannounced rounds per shift. Those rounds, according to the Lieutenant, require entering each unit and to go into all the rooms. The third shift Lieutenant is required to make three rounds per shift. The Captain and the Counseling Supervisor tour every housing unit weekly and counselors tour their assigned housing units daily. The Warden conducts tours of the facility on "off shifts" including second and third shifts. Unannounced rounds are conducted at least once a week, to each housing unit and program. The Administrative Captain conducts unannounced PREA Rounds weekly and every shift supervisor makes rounds weekly as well. The facility provided multiple pages of log books to document unannounced rounds. Logbook documentation representing random months provided documentation of twenty-five (25) unannounced rounds. These included checks made on the weekends and on all shifts. The DOC policy regarding tours and inspections demonstrates the Department's commitment to supervising inmates and monitoring facility activities to maintain a safe facility.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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This standard is not applicable to any facility except for Manson Youth Institution and York Correctional Institution (The State's only female facility). The Pre-Audit Questionnaire documented that there were no youth inmates housed at this facility since the last audit. Interviews with the PREA Compliance Manager and other random staff confirmed that Enfield Correctional Institution does not house youthful inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

CRCI Unit Directive, 6.7.18, Searches Conducted in Correctional Facilities requires that Carl Robinson Correctional Institution shall maintain safety and security by conducting searches as provided for in this directive and staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Staff are required to document all cross-gender strip searches, all cross-gender visual body cavity searches and all cross-gender pat down searches in accordance with Administrative Directive 6.6, Reporting of Incidents.

Paragraph 4, Staff Training of CRCI Unit Directive 6.7.18, requires staff whose job classifications may require them to perform pat searches and/or strip searches to be trained on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible that is consistent with security needs.

The Unit Directive defines a pat search as an inspection of the person's clothing and any item in the person's possession. The Directive specifies when pat searches are required.

Carl Robinson Correctional Institution does not conduct cross gender strip or body cavity searches absent exigent circumstances. There have been no cross-gender searches conducted at CRCI since the last PREA Audit. The facility does not house female inmates therefore there are no cross-gender searches of females. Administrative Directive 6.7.1, Searches Conducted in Correctional Facilities, requires that when a same gender strip search cannot be made and a strip search is deemed to be essential without delay, a cross gender strip-search is to be conducted. All cross gender strip-searches are to be reported and documented on CN 6601, Reporting of incidents.

Administrative Directive 6.12, E., Screening for Risk of Victimization and Abusiveness, Physically Examining a Transgender or Intersex Inmates, requires that at Carl Robinson Correctional Institution staff shall not search or physically examine a

transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

That CRCI Unit Directive prohibits searches of physical examination of transgender or intersex inmates for the sole purpose of determining the inmate's genital status. If an inmate's genital status is unknown, it may be determined 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

The facility provided twenty-five (25) acknowledgments signed by staff affirming that they received PREA training. Staff indicated this training included search training. Staff related, during their interviews that they have received search training and that search training included conducting cross gender searches and searching transgender and intersex inmates in a professional and respectful manner.

The facility has a policy to ensure inmates are able to dress, shower, perform bodily functions and change clothing without being viewed by staff of the opposite gender. CTDOC Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Harassment Intervention. Paragraph E. Showering and Bodily Functions, requires that inmates are permitted to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing of their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The Directive also requires staff of the opposite gender to announce their presence when entering an inmate housing unit when no other staff of the opposite gender is present.

One hundred percent (100%) of the interviewed staff stated inmates are never naked in full view of staff. Additionally, one hundred percent (100%) of stated inmates are able to shower, dress and change clothes without being viewed by staff. One hundred percent (100%) of the interviewed inmates, representing all of the inmate housing units stated they are never naked in full view of opposite gender staff. They stated their showers have curtains and they have always had these. They also related the restrooms have stalls . A tour of the facility indicated inmates are able to dress, shower and use the restroom without being viewed by staff.

Facility and Agency Policy requires female staff to announce their presence when entering housing units of the opposite gender. This is covered in Administrative Directive 6.12. Interviewed staff related that females always announce their presence when entering the housing units. They also related that the announcement is documented in the unit logbooks. Interviewed inmates stated staff announce their presence most of the time however they indicated they are always aware when a female is coming into the living unit.

Reviewed logbook pages documented female's announcing their presence on the unit. Typically the announcement would be female on the unit and this was documented. One hundred (100%) of the interviewed random staff confirmed that female staff announce their presence on the unit. Most of them also stated the announcement is logged into the unit logbook. Interviewed inmates stated that female staff announce their presence when entering the unit however some of them do not do it consistently. During the tour of the facility, cross gender staff were observed announcing their presence on the living units.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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.

The Facility has taken necessary steps to ensure inmates who are disabled or who are limited English proficient have an opportunity to participate in and benefit from the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Agency and Facility directives and local operating procedures provide for interpretive services and means by which inmates who are disabled, who may have learning issues, or are hearing impaired or limited English proficient.

Administrative Directive 10.12, for example, requires in Paragraph 3., Initial Orientation, that written orientation materials are made available in both English and Spanish. Additionally, it requires, when a literacy problem exists, a staff member will assist the inmate in understanding the material.

Administrative Directive 6.12, provides that when the materials in the format(s) in which they are regularly provided do not meet the needs of the inmate's disability, the inmates will be accommodated in a way appropriate to their disability in accordance with Administrative Directive 10.19, Americans with Disabilities. CT Administrative Directive 6.12, requires staff use of inmate interpreters is normally prohibited. Except in exigent circumstances where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or wellbeing of any involved party, delays which may significantly hinder the performance of an employee's duties of information gathering, reporting and/or assisting alleged victim must be properly documented. AD 6.12, Also requires that staff, to the extent possible, take steps to aid inmates with disabilities and non-English speakers to report such incidents. Staff use of inmate language interpreters is normally prohibited. Except in exigent circumstances where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or well-being of any involved party. Delays which may significantly hinder the performance of an employee's duties of information gathering, reporting and/or assisting an alleged victim must be properly documented.

Administrative Directive 10.19, Americans with Disabilities, Section 6.A.1 Inmates Admission and Orientation. Requires that any inmate who appears to have a condition that would limit the inmate's access to and/or participation in, any program or service offered by the facility, shall be handled as follows: 1) Inmates who are deaf, blind, or have other physical disabilities that significantly limit access to programs and services in the facility, shall be transferred to an appropriate facility within 72 hours of admittance for assessment and classification consistent with safety and security. The determination for transfer shall be made by the contracted health services provider Health Services Administrator or designee. During assessment and classification, the inmate shall be provided with CN 101901, Americans with Disabilities Act - Notice of Rights and CN 101902, Request for Reasonable Accommodations by health services staff or qualified sign language interpreter for the deaf or hard of hearing inmates who know sign language. Inmates shall be advised of their right to reasonable accommodations which may include a qualified sign language interpreter or other auxiliary aids, services and devices, the method for requesting such accommodation and the procedures for seeking an administrative remedy of a denial or modification of such requested accommodation. The inmate shall be required to complete the Request for Reasonable Accommodations indicating whether or not the inmate requests accommodation.

Administrative Directive 10.12, Inmate Orientation, 3. Initial Orientation A. requires that when a literacy or language problem prevents an inmate from understanding the Inmate Handbook, a staff member or translator will assist the inmate in understanding the rules. It also requires that inmates with disabilities that prevent them from being able to access the materials in the format(s) in which they are provided are to be accommodated in a way appropriate to their disability in accordance with the Administrative Directive 10.19, Americans with Disabilities Act.

The facility provided a list of vendors who provide sign language. The listing contained the phone numbers and contact names as well. Additionally the Department had a listing of staff interpreters who may be accessed as needed.

Interviews with staff, both random and specialized, acknowledged that they would not rely on an inmate interpreter absent exigent circumstances. The auditor interviewed an inmate who was both deaf and limited English proficient. The facility provided a staff translator. The inmate was able to read lips and the interpreter enabled the auditor to ask all of the questions asked of randomly selected inmates.

Standard 115.17 Hiring and promotion decisions

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

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.

Administrative Directive, 6.12, requires that before hiring new employees who may have contact with inmates, the Department of Correction will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of resident or detainee sexual abuse/harassment or any resignation pending an investigation of such allegations. The applicant is asked in written applications or interviews directly about whether they have been found to have engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long term care or custodial or residential care. Material omissions regarding such misconduct may be grounds for termination

Connecticut Department of Correction, Administrative Directive 6.12, Section A-4,6 and 7b address the hiring process. At a minimum, when an applicant is an ex-inmate and/or has any criminal history, the selection process shall include the following guidelines:

1. an applicant with an undeclared criminal history shall not be considered;
2. an applicant with a single misdemeanor conviction shall not be considered for two (2) years from the date of the last disposition of the misdemeanor, or complete satisfaction of sanction whichever is later;
3. an applicant with a misdemeanor incarceration shall not be considered for three (3) years from the date of the last disposition or complete satisfaction of sanction whichever is later;
4. an applicant with multiple misdemeanor convictions shall not be considered for five (5) years from the date of the last disposition of the misdemeanor, or complete satisfaction of sanctions whichever is later;
5. an applicant with multiple misdemeanor incarcerations shall not be considered for seven (7) years from the date of the last disposition or complete satisfaction of sanctions whichever is later;
6. an applicant with a felony conviction shall not be considered for hire. Candidates hired with a felony conviction prior to October 18, 1995 may be considered for promotional positions;
7. an applicant who has any criminal history which may impair or disable the applicant's ability to effectively perform the functions of the job, shall not be considered;
8. an applicant who is known by the Connecticut Department of Correction to have previously engaged in sexual abuse and/or sexual harassment in an institutional setting shall not be considered for hiring.

Administrative Directive, D 2.3, PAGE 4, SECTION 6, I, 1-3 requires the following{

The Department of Correction shall not hire anyone who may have contact with inmates who is known to the Department of Correction to have:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing

or intermediate or long-term care or custodial or residential care; 2. Been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or was civilly or administratively adjudicated to have engaged in the activity described in subsection (2) of this section.

The Administrative Directive addresses the continuing duty to disclose. Staff are also subject to the reporting requirements of Administrative Directives, 2.17 and 2.24 with respect to arrests, restraining orders and criminal summons. The Department of Correction will also conduct a criminal background records check at least every five years of current employees.

The facility is prohibited from enlisting the services of any contractor, vendor or volunteers who may have contact with inmates who is known to the Department of Corrections to have: a) engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care; b) Been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) Was civilly or administrative adjudicated to have engaged in the activity described in this section; d) the DOC will consider any know incidents of sexual abuse/harassment in determining whether to enlist the services of any contractor, vendor, or volunteer who may have contact with inmates. Before enlisting the services of any contractor, vendor or volunteer who may have contract with inmates, the DOC, will perform a criminal background check, which shall be repeated every five (5) years.

An interview with Human Resource Staff confirmed a hiring process that is comprehensive and thorough. Applicants for custody positions are able to apply on line for an exam. After taking the test and passing the test, the agency contacts them. On page three of the applicant package the three (3) PREA Questions are asked. Several additional questions are asked as well about previous or current charges. This information is submitted prior to scheduling an interview. During the interview, the HR Representative reviews the application page by page and confirms the contents of the application with the applicant so the PREA and Criminal Conviction information is verbally confirmed. Following the interview HR does the employer references and a background investigation conducted by the Security Division. The following are a part of the background check process: 1) Driver Information; 2) Connecticut Master File; Connecticut Suspense File; Interstate Check; DOC SS Check; Name Check; Out of State Checks as necessary. Following an offer of employment and prior to being hired, the three PREA Questions are asked yet again. A national check is done through the NCIC and checks are made to determine if an applicant is on any inmate's visiting or phone list. Reference checks are made going five years back. Where an applicant has worked in another state agency, checks are made of those agencies as well. An offer of employment is then made contingent upon a physical exam conducted at the academy after which supplemental questions ask the employee about any arrests as well as asking the PREA related questions once again.

Standard 115.18 Upgrades to facilities and technologies

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

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.

substantial expansion or modification of existing facilities, the Department will consider the effect of the design, acquisition, expansion or modification of existing facilities, the Department the effect upon the agency's ability to protect the inmates from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the Department will consider how such technology may enhance the Department's ability to protect inmates from sexual abuse.

Interviews with the PREA Compliance Manager/Warden's Designee indicated the Warden, the Deputy Warden and he are actively involved in any planning processes related to any expansions or modifications to this facility or regarding any enhancements to the surveillance technology. The PREA Compliance Manager indicated that the facility is due for an upgrade of surveillance equipment. He indicated the cameras are fine but need upgrading.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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.

Paragraph 16 of Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment, states that the Connecticut State Police serves as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. The CRCI contacts the Connecticut State Police, Troop H. All referrals to police are to be documented. The Department's PREA Investigation Unit will assist the appropriate law enforcement agency as appropriate and conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10. In the event the appropriate law enforcement agency refuses to investigate a sexual abuse allegation, such refusal shall be documented on an Incident Report Form CN 6601 and the Unit Administrator immediately notified.

The PREA Director provided the auditor with a memo addressed to the Deputy Commissioner of the Connecticut State Police (CSP) notifying the State Police of the PREA Standard's requirement for the evidence protocol and forensic medical exams. The memo advised the CSP of the requirements for a uniform evidence protocol maximizing the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The protocol is required to be developmentally appropriate for youth where applicable, and, as appropriate, adapted from or otherwise based on the most recent editions of the US Department of Justice's Office on Violence Against Women's publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents or similarly comprehensive and authoritative protocols developed after 2011.

Policy requires that inmate victims of sexual abuse will receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Administrative Directive 8.1, Scope of Health Services Care, 4., Scope of Services and Access to Care, requires inmate victims of sexual abuse will receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

CTDOC inmates will be treated at Johnson Memorial Hospital or at the agency's medical facility, UCONN Medical Center. All PREA Audit Report

local hospitals have SAFE/SANE staff on duty. If unavailable at the time of the incident, the inmate will be brought to another hospital in the state where a SAFE/SANE is on duty.

Administrative Directive 6.9, Section 7., Physical Evidence requires that physical evidence is either criminal or administrative in nature. In any case in which a crime is suspected, the discovering staff shall notify a supervisor without leaving the scene, if possible and secure the suspected scene or any physical evidence unless it is necessary to eliminate any further or immediate threat to the safety and security of staff, inmates or facility/unit and/or the possible disappearance of anything which may be considered evidence. Photos and/or videos are taken of the suspected crime scene and any suspected physical evidence. Only authorized personnel are allowed to enter the area. The Connecticut State Police will promptly be notified and have authority over any criminal investigation and shall be responsible for securing criminal physical evidence upon responding to the facility/unit. AD 6.12, Section 13, B.4, instructs staff they are to explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center or, if unavailable, a qualified staff member who will accompany the inmate and provide support services, if requested.

The Agency's Evidence Protocol is described in policy and requires the area of any attempted or actual sexual abuse to be treated as a possible crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Steps for first responders are described in detail. The protocol addresses protecting the potential crime scene and collecting any evidence required. The protocol requires once the inmate has been removed from the area, care is to be taken not to disturb the suspected crime scene. Items are not to be cleansed or removed. Photos are to be taken of the suspected crime scene and any suspected evidence. Sketches and notes are to be made of the location if items were removed. The collection of physical evidence is to be conducted by the Connecticut State Police or in instances when authorized by the State Police, employees will collect, secure and store physical evidence. Step by step instructions are given in the description of the protocol.

The Agency has a MOU with Connecticut Sexual Assault Crises Services (CONNSACS). The agreement provides for CONNSACS to make available a victim advocate to accompany the victim and support him through the forensic medical exams and investigatory interviews and to provide emotional support, crisis intervention, information and referrals as needed. Interviewed staff, including the facility investigator, were familiar with the evidence protocol and roles they would play as first responders. Medical staff related their role in a sexual assault would be to provide any first aid that might be needed because of injuries requiring immediate medical attention. The staff stated they would "make sure the inmate victim was stable", preserve the evidence and if, the mental health is on site, the mental health staff would conduct an assessment. Medical would keep the inmate in sight.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

Agency policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative Directive 1.10, Investigations, Paragraph 4, Criminal Investigations, requires that criminal investigations, to include allegations of sexual abuse, fall under the jurisdiction of the Connecticut State Police. When a crime is detected Department personnel are required to secure the crime scene in accordance with AD 6.9, Control of Contraband and Physical Evidence. Department personnel may assist the state police, upon request but are prohibited from independently conducting any type of investigative activities, to include conducting interviews of any type. An

Administrative Investigation may be conducted by the Department upon authorization of the Connecticut State Police to do so. When any criminal activity is discovered during a Department investigation, the matter will be referred to the Connecticut State Police through the appropriate chain of command.

AD 6.12, 8.A.5 requires that any incident of inmate-on-inmate sexual abuse, inmate-on-inmate sexual abuse or staff-on-inmate sexual abuse/misconduct must be reported to the Connecticut State Police and the Security Division for Investigation.

AD 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment requires that the Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. When inmates are being housed within the community confinement centers with which the Department contracts, the appropriate law enforcement agency shall be the investigating authority. All such referrals to police shall be documented. The Department's PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10.

AD 6.6, Reporting of Incidents requires the DOC to ensure that all incidents and emergencies are reported in a complete, accurate and timely manner. Policy describes the notifications required based on the alleged offense or incident.

The Agency's website clearly provides information to viewers related to investigation by saying: All complaints of sexual abuse or sexual harassment are considered to be serious incidents that will be thoroughly investigated. The PREA Investigation Unit is in charge of all PREA related investigations and will accept complaints from any concerned individual. If an investigation reveals misconduct of a criminal nature the case will be referred to the Connecticut State Police for additional investigation and possible prosecution. All confirmed incidents can result in administrative sanctions and/or criminal prosecution

The facility reported four (4) allegations of sexual abuse/sexual harassment reported during the past twelve months.

Standard 115.31 Employee training

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

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.

Administrative Directive, 2.7, Training and Staff Development, 6. Pre-Service Training Program, Direct Contact Staff and Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 9/, Staff Training, A. Pre-Service Orientation Training requires that newly hired staff with direct inmate contact shall receive training on inmate sexual abuse/ sexual harassment prevention prior to being assigned to a facility. Staff shall be trained regarding the following:

- (1)The DOC zero-tolerance policy for inmate sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency inmate sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in a confinement setting;
- (6) The common reactions of sexual abuse and sexual harassment victims;

- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with all inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates;
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Any concerns specific to the gender of the inmates at the employee's assigned facility.

The provided training curriculum covered the required PREA Topics.

The facility provided the auditor an agenda for new employee's orientation. Day 6 of that agenda documented the PREA block of training. The training block was designated for 1.5 hours of training. The agency requires the training is documented through employee signature or electronic verification that employees understand the training they have received.

The facility PREA Compliance Manager provided samples of PREA Acknowledgements and an additional 25 PREA Acknowledgments during the on-site audit signed by staff documenting and affirming they have received their required PREA Training.

Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 9., Staff Training, B., In-Service Training requires that Staff with direct inmate contact shall receive refresher training on sexual abuse/ sexual harassment prevention, intervention and follow-up procedures annually. AD 6.12, and AD 2.7, Training and Staff Development require the training to be tailored to the gender of the inmates at the employee's facility so that the employee receives training specific to the gender he or she supervises, even if the employee has previously worked in a facility with inmates of a different gender. The Department of Correction shall document, through employee signature or electronic verification that employees understand the training they have received. This directive requires additional training for investigators, health practitioners and mental health staff to receive additional training specific to their areas of responsibility. Paragraph C., Roll Call notices, requires each facility to update staff as needed via roll call notices as directed by the Unit Administrator in consultation with the Agency PREA Coordinator.

Interviewed staff consistently related they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired correctional officers at the academy. Additionally, they consistently indicated they receive the training during Annual In-Service Training and through computerized Learning Management System (LMS), which includes, on-line PREA Training. Too, they indicated refresher training is given during shift briefings. Staff were comfortable and confident during their interviews. They did not hesitate in responding to questions and their responses indicated that they have been trained in PREA, including the zero tolerance policy, reporting and the facility's response to allegations of sexual abuse and sexual harassment. One hundred percent (100%) of the interviewed staff related they had been trained in the zero tolerance policy, how to fulfill their responsibilities regarding sexual abuse and sexual harassment, inmate's right to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming inmates. Multiple examples of PREA Acknowledgment Statements and training rosters were provided documenting staff PREA Training.

Standard 115.32 Volunteer and contractor training

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

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.

All contractors and volunteers who have contact with inmates must be trained on their responsibilities under the agency's sexual abuse prevention and intervention policy. The level and type of training provided to the volunteers, vendors and contractors is based on the services they provide and the level of contact they have with inmates. All volunteers, vendors and contractors who have contact with inmates are required, by policy, to be informed and notified of the agency's zero tolerance policy for inmate sexual abuse and sexual harassment and informed on how to report any incidents. Policy requires the agency to maintain documentation confirming that volunteers, vendors and contractors understand the training they received. Administrative Directive 2.7, Training and Staff Development, Section 6.D, Volunteers, requires a newly assigned volunteer shall complete, at a minimum, a one (1) day safety and security orientation training program prior to providing volunteer services. Such training shall be provided by the Director of Volunteer and Recreation Services and shall include, but not be limited to: Department Mission, An overview of Administrative Directives; Volunteer Programs; Facility Security Procedures; Employee Conduct and PREA Standards and Compliance Requirements. Volunteers receive what the Agency refers to as VIP PREA Training. This PREA Training provides volunteers a brief history of PREA, its purpose and the standards. It discusses staff monitoring and intervention, the PREA related definitions as defined in the PERA Standards, and reporting. The training informs VIPs that they are to report any instance of suspected, alleged or actual sexual harassment, retaliation against staff or VIPs or inmates for reporting sexual harassment, or staff neglect or violation of responsibilities contributing to sexual harassment to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive, 6.6, Reporting of Incidents. Volunteers are to report any behavior or act of a sexual nature directed towards an inmate by any employee, contractor or VIP (Volunteer, Intern, and Professional Partners). It is the responsibility of all to maintain professional boundaries with inmates under their supervision per PREA-The Prison Rape Elimination Act.

They are advised, per PREA standard 115.77 that any VIP-Volunteer, Intern or Professional Partner, including Contractors and Researchers who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The VIP Orientation Handbook requires the VIPs to Report any perceived inappropriate behavior or actions of a sexual nature directed towards an inmate, staff or VIP. All sexual activity is inappropriate in any correctional setting. Your sign-off on the VIP Application MOU binds you to compliance with the (federal and state) Prison Rape Elimination Act. If you do not make every effort possible to detect report and refer for investigation any sexual misconduct you may be subject to criminal sanctions including prosecution. VIPs are told they are to maintain professional boundaries with inmates under their supervision. A PREA Standards Section of the orientation handbook explains that the Connecticut DOC is required to ensure all VIPs who have contact with inmates are trained to understand, detect, respond, and prevent sexual misconduct and harassment and that all VIPs must clearly understand the Department has a "zero tolerance" policy regarding sexual abuse and sexual harassment and informed how to report such incidents. VIPS are told they are expected to participate in training and documentation confirming they understand and agree to abide by PREA Compliance Training provided. They are also reminded that any contractor or volunteer who engages in sexual abuse are prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. All vendors and contractors receive the same training even if they are under "escort status".

The agency volunteer coordinator is responsible to ensuring all volunteers are background cleared and given orientation training prior to service. Staff provided a roster, entitled, Connecticut Department of Correction, VIP and Recreation Services. This roster documented the volunteer having been approved for service, which enables the facility to know who is allowed in the facility. Approved means the individual has been given an orientation and has had a satisfactory background clearance, according to staff. An interview with a facility contractor confirmed they had received PREA training, understood the zero-tolerance policy and how to report allegations or reports of sexual abuse or sexual harassment. An interview with the Volunteer Coordinator indicated all volunteers receive a safety and security orientation. They also are provided a PREA Handout which they verbally go over and provide examples. He related they are given information on detection, reporting, and following-up. They are told they are to have no contact with inmates, including handshakes and hugs. They watch the PREA Video and are allowed to ask questions.

Volunteers and contractors sign an acknowledgement indicating they have been provided the required PREA Information, including the zero-tolerance policy and how to report. A copy of the PREA Acknowledgment Statement is sent to the Central Office.

Standard 115.33 Inmate education

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

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.

Administrative Directive 10.12, Section 3, Initial Orientation, requires that each inmate begin to receive orientation within five (5) business days of admission to the Department. Staff are designated to conduct orientation. Written materials are available in English and Spanish and when a literacy exists, a staff member is required to assist the inmate understanding the material. AD 6.12 requires the presentation of the PREA Video, "What You Need to Know". Inmates are required also to be made aware of the DOC's zero tolerance policy for inmate sexual abuse and sexual harassment and at least two internal methods for reporting sexual abuse and sexual harassment and one method of reporting to an external entity not a part of the DOC. They are advised that third party and anonymous reports are allowed. They are also given information for victim advocacy groups that provide services to victims of sexual abuse. If an inmate is disabled and has a disability preventing them from being able to access materials in the formats in which they are regularly provided they should be accommodated in a way appropriate to their disability in accordance with AD10.19, American with Disabilities Act.

Interviews with three staff who conduct intake and a counseling supervisor indicated that at intake the inmate is given a handbook, sees a PREA Video and signs an acknowledgment statement confirming receiving the PREA information and that he understands it. Several interviewed intake staff related that during orientation the inmate sees the PREA video and is given the opportunity to ask questions and signs an acknowledgment that they have received PREA Information. The handbook contains three pages of PREA related information. In addition to providing the definitions related to sexual abuse and sexual misconduct, the handbook describes the agencies approach to prevention, reporting and responding. Multiple ways to report are provided. These include the following: 1) Verbally to any facility staff; 2) In writing to any facility staff; 3) IN writing to the appropriate Unit Administrator; 4) In writing to the appropriate District Administrator; 5) In writing to the PREA Investigative Unit; 6) In writing to the DOC Security Division; 7) Via phone to the Connecticut State Police; 8) Via phone to the DOC sexual abuse hotline; 9) Via phone to the Connecticut Sexual Assault Crisis Services Hotline. Mailing addresses and phone numbers, as applicable are provided for easy access in the handbook. Interviews with two staff responsible for conducting orientation and their supervisor also indicated that within 72 hours of arrival inmates in orientation are required to watch the PREA Video that explains their rights and how to report. Following the video staff indicated they provide a synopsis of the information and answer any questions inmates may have. Following orientation, inmates sign two acknowledgments, a PREA Acknowledgment and an Orientation Acknowledging they have seen the RREA and have received the PREA related information. Multiple files that were reviewed contained acknowledgments that they received the inmate handbook, that they watched the PREA Video and that they had received all the items on the Orientation Checklist, initialing the PREA Training block.

Inmates sign the designated form acknowledging receipt of the materials. This documentation is maintained in the inmate's master file. Policy requires, during orientation, that inmates are made aware of the zero-tolerance policy for inmate sexual abuse and sexual harassment and one method of reporting sexual abuse to an external entity that is not part of the DOC. It also requires that third party and anonymous reports must be allowed. Inmates also are required to be provided with PREA Audit Report

contact information for victim advocacy group that provide services to victims of sexual abuse
Inmates with disabilities that prevent them from being able to access the materials in the format(s) in which they are regularly provided are to be accommodated in a way appropriate to their disability in accordance with Administrative Directive 10.19, American with Disabilities Act.

Standard 115.34 Specialized training: Investigations

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

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.

AD 1.10, Investigations, Section 11., requires each investigator who is assigned to work with the security division and/or PREA Unit is required to complete an approved training program prior to conducting an investigation. Investigators are trained through the Department of Correction. The Department provided the curriculum for this training. The reviewed training outline provided included 1) PREA, 2) Basic Investigation Steps, Interviewing (including establishing rapport as well as interrogation techniques), Gender and Conventional Techniques and Changing the reporting culture. The specialized investigation training curriculum was provided for review. The curriculum is comprehensive and included a number of topics including 1) The elements of the investigation; 2) Conducting a thorough investigation; and 3) Properly conducting interviews. It also included such things as employee rights, the Weingarter and Garrity rules, the investigation process, interviewing (including establishing rapport and techniques), employee rights and the report. AD 6.12, also requires investigators to complete specialized training in conducting sexual abuse investigations in confinement settings. Documentation was provided to confirm investigators had received the required specialized training.

An interview with the agency's PREA Director, who supervises the PREA Investigation Unit, confirmed he and his staff have completed the specialized training as required.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

AD 8.6, Credentials of Health Service Staff, Training of Health Services Staff, requires all health services staff who have contact with inmates to be trained on their responsibilities under AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention. Policy requires that training to include: 1) The Department's zero tolerance policy regarding sexual abuse and sexual harassment; 2) detection and assessment of signs of alleged sexual abuse and/or sexual

harassment; 3) The correct reporting of alleged sexual abuse and/or sexual harassment events; 4) Preservation of physical evidence of sexual abuse and 5) Effective and professional response to victims of alleged abuse and/or sexual harassment. The facility staff do not conduct forensic exams. Exams are conducted in hospitals that have Sexual Assault Nurse Examiners of Sexual Assault Forensic Examiners. The Specialized training is developed for the UCONN Health Care agency. Interviews with the Health Services Administrator and a healthcare staff confirmed the specialized training received by medical staff.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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.

Connecticut Department of Correction, Administrative Directive, 9.3, Inmate Admissions, Transfers and Discharges, Paragraph J., PREA Screening of Newly Admitted Inmates, requires each newly admitted inmate, during intake, unless exigent circumstances exist, then not more than 72 hours after admission, be screened by a staff member for risk of sexual victimization or sexually abusive behavior while incarcerated. This information is used to enhance decision making regarding housing assignments, possible medical/mental health treatment, program, work and education assignments. Screening is documented on the Intake Health Screening form (HR-001) and Inmate Intake Form (CN 9306).

Vulnerability screening is documented on the PREA Screening Form, CN 9306/2. The top portion of the inmate screening form is completed in private at intake by the intake officer. The health services information is completed by the health care staff. This process involves assessing the inmate's physical build, Physical Disabilities, Mental Disabilities, Sexual Orientation, and asks these questions: 1) Have you ever been the victim of sexual abuse; 2) Have you ever sexually abused another person? 3) Do you feel vulnerable to being sexually abused in this facility; 4) Have you ever been convicted of a sex offense?; and 5) Any PREA related issues since your last intake or transfer screening? An interview with an intake staff and a counselor indicated if an inmate answers yes to any of the questions on the initial assessment, a supervisor has to be called to talk with the inmate about their feelings regarding safety in this facility.

Following the intake victimization screening, according to a counselor, the next morning a counselor in the housing unit retrieves the completed Inmate Intake Form and reviews the inmate's responses to the questions asked during intake. She also related that she then reviews the inmate database and master file and answers the questions at the bottom of the screening form after reviewing information in the inmate's data base where information is available related to the inmate's charges, sentence, criminal history any disciplinary reports and other information. A counseling supervisor indicated screening is conducted in a separate room and again, if an inmate answers yes to any questions during the initial intake assessment, a supervisor is called to interview the inmate regarding his feelings of safety to determine the safest place to house him or if the inmate cannot stay on this compound. The supervisor did add that if an inmate states he had previously been a victim of sexual abuse the inmate is offered a follow-up with mental health. The form contains documentation of referral to mental health. He related that the facility does their reassessments not later than 30 day and mostly within three weeks. A six month follow-up is conducted during which the inmate is asked all of the same assessment questions as he was asked upon intake.

Medical conducts a screening as well. Section III, entitled PREA Screening looks at the inmate's physical build; disabilities (physical and mental); developmental disabilities; gender expression, gender self-identification, sexual identification, prior sexual victimization; prior sexual aggression and self-perceived vulnerability. If an inmate discloses prior victimization they are referred to mental health for a follow-up.

Connecticut Department of Correction, 9.3, Intake Admissions, Transfers and Discharges, Paragraph J., requires all inmates to be re-assessed by staff within 30 days for risk of sexual victimization or abusiveness based on any additional, relevant information obtained by the facility since the initial screening. Subsequent reassessments are required to be made as circumstances warranted.

The Counseling staff then indicated they would conduct a reassessment, using the Inmate Intake Form, to conduct a reassessment within 30 days following the initial vulnerability screening. Counseling staff indicated the reassessment includes reviewing the inmates history, looking for any charges or anything that has happened previously, review any separation files and any PREA related issues. Six months later an additional reassessment is conducted. Staff provided 15 inmate files containing the initial screening, the completion of the initial intake screening, reassessments prior to 30 days. The auditor reviewed 15 inmate files. Each of the inmate files contained documentation to confirm they were screened upon admission within 72 hours and all of them contained documentation of reassessments as well. One of the reviewed files was that of an inmate who was transgender. The transgender was asked questions about her safety in this facility and she indicated she felt safe. Additionally, she was reassessed within 30 days.

Interviewed inmates,, who had been at this facility for less than 12 months, remembered having been asked the questions on the screening instrument and indicated they are unsure whether they were asked about them again. They also reported the questions were asked in private.

Standard 115.42 Use of screening information

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

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.

Connecticut Department of Correction Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Paragraph J., requires that information from the risk screening is to be used to enhance decision making regarding housing assignments, possible medical/mental health treatment, program, work and education assignments. Separation of inmates that are identified as being at significant risk of sexual victimization or abusiveness from other inmates may be required. Too, the directive requires that inmates who report on the risk assessment that they have experienced prior sexual victimization or have engaged in sexual abuse of another person, the inmate shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening, regardless of whether the victimization or abusiveness occurred within a correctional facility or in the community. It also requires that inmates who have sexually abused another inmate while incarcerated they are offered a mental health evaluation within 60 days of the Department of Correction learning of such abuse and shall be offered medical/mental health treatment if appropriate.

At intake, following the victimization screening, unless the inmate responded "yes" to any of the questions on the Inmate Intake Form the intake officer contacts the Supervisor who interviews the inmate, asking questions about how the inmate feels about his safety. He/she then determines where to assign the inmate with regard to housing or even whether the inmate needs to remain in this facility. Screening staff related if an inmate answers no to the questions and feels safe, they are assigned to housing based on their levels and/or program assignments. Classification staff then determine programming and work detail assignments. Staff indicated prior to placements, staff would check the RT42 Screen, which contains the "Separation Profile Screen" identifying any need to separate the offender from other inmates, including any predators and assigns housing and work assignments.

If the inmate answers yes to any of the questions a designated supervisor will interview the inmate to see if he feels safe, after which housing will be determined. If an inmate feels safe and answers "no" the inmate will be assigned to either Building 9, Level II, Building 5, Level III or Building 10, DUI program. Classification, then is responsible for assigning work details and programs based on their review of the database and searches for "separation alerts or notifications".

The Administrative Directive requires any inmate who is identified as transgender or intersex during the intake or transfer screening process shall be evaluated on a case by case basis. These evaluations seek to determine the safest and most appropriate housing placement with serious consideration being given to the inmate's own views regarding his or her own views regarding his/her own personal safety. Housing assignments and programming opportunities for transgender and intersex inmates shall be reviewed and evaluated at a minimum of twice per year.

The Directive limits access to inmate responses to the PREA screening questions based on legitimate penological interests. An interview with a transgender inmate indicated she is well satisfied with her placement. She related staff have been respectful and asked her about how she felt about her own safety.

Standard 115.43 Protective custody

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

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.

AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11.A.1., requires that inmates at high risk for sexual victimization are not to be placed in involuntary restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot perform such an alternative housing assessment immediately, the facility may hold the inmate involuntarily in restricting housing on Administrative Detention status in compliance with AD 9.4, Restrictive Status for less than 24 hours while completing the alternative housing assessment.

The Directive also requires in Paragraph 2, that inmates placed in restrictive housing involuntarily, for protection, will have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the facility is required to document 1) the opportunities limited; 2) the duration of that limitation; and 3) the reasons for the limitations.

The reviewed Pre-Audit Questionnaire documented that there were no inmates held in involuntary restricted housing during the past twelve months. Interviews with administrative staff confirmed there have been no inmates placed in involuntary restricted housing in the past twelve months. The Deputy Warden, in an interview, stated the use of involuntary restricted housing would be a last resort and if used, an assessment would be conducted documenting that less restrictive means were not available.

Inmates will be held in involuntary restrictive housing on Administrative Detention status only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days.

The facility reported on their Pre-Audit Questionnaire that they have not placed anyone in involuntary restricted housing for protection during the past twelve months. This was confirmed through interviews with the PREA Compliance Manager and administrative staff.

Standard 115.51 Inmate reporting

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

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.

AD 6.12, Inmate Sexual Abuse and Sexual Harassment Prevention, Section 12, Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment, A., Inmate Reporting requires the Department has multiple methods for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are provided multiple ways to report. These include: 1) Reporting to any staff member either verbally or in writing; 2) Calling the PREA Hotline; 3) Writing an inmate request; 4) Writing an anonymous note; 5) Calling the Connecticut State Police; and 6) Inmates detained solely for civil immigration purposes may contact any relevant consular and relevant officials at the US Department of Homeland Security. Staff provide contact information to such inmates upon request. Staff are required to take steps to aid inmates with disabilities and non-English speakers to report such incidents. Policy addresses false reports and states that inmates who file reports of sexual abuse and/or sexual harassment that are deemed to be false and unfounded after proper investigation may be subject to disciplinary action in accordance with Administrative Directive 9.5, Code of Penal Discipline and/or criminal charges according to applicable State laws.

AD 6.12 also requires staff, to the extent necessary, to take steps to aid inmates with disabilities and non-English speakers to report such incidents. The use of inmate interpreters is normally prohibited except in exigent circumstances where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or well-being of any involved party. Delays that may significantly hinder the performance of an employee's duties of information gathering reporting and/or assisting an alleged victim must be properly documented.

AD 6.12, Section 13, Staff Monitoring and Intervention (Sexual Abuse), requires staff, volunteers, vendors and contractors are directed to treat any observation of sexual activity as potential sexual abuse and that all staff, vendors, volunteers and contractors report any instance of suspected, alleged, or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse or staff neglect or violation of responsibilities contributing to sexual abuse to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive 6.6, Reporting of Incidents. AD 6.12 also requires that staff accept reports from individual outside the facility who may make reports by writing or calling the Commissioner, Deputy Commissioner, District Administrator or Unit Administrator of the facility where the incident allegedly occurred or by contacting the Agency PREA Coordinator. DOC also provides reporting information on their website enabling anyone outside the facility to make a report on behalf of an inmate.

The reviewed inmate handbook provided to all inmates included multiple ways to report. These included:
Connecticut State Police – Address and Hotline Number Provided

PREA Investigation Unit – Address provided

District Administrator - Address provided

DOC Security Division - Address provided

CONNSACS Advocacy - Address and hot line number provided.

Documentation was provided relative to the responsibilities of the PREA Hotline. Reports made on the hotline go to the DESPP Headquarters Communication Center. Upon receiving a Prison Rape Elimination Act (PREA) on the Department of Correction PREA hotline the following is required:

1. The Federal PREA guidelines indicate that the inmate has the ability to remain anonymous, but if the inmate is willing to identify themselves, attempt to gather the first and last name, inmate number, facility, & housing unit.
2. Have the inmate state his or her issue, and document this information.
3. Once this information is gathered, contact the Department of Correction PREA Hotline at 770-743-7783, if the phone is not answered you can then contact PERA Director or his assistant (contact information provided) The Communication staff will then advise the Duty Officer of the telephone call and the information provided.
4. The PREA Duty Officer will then in turn contact the affected facility with the information, and start the PREA protocol. The affected facility will then contact the Connecticut State Police in the affected area and advise them of the information. The affected State Police Barracks will determine if a Trooper shall respond.

The DOC acknowledgment statement addresses again multiple ways to report. The CRCI Acknowledgment Statement informs inmates they have the right to report sexual abuse, sexual harassment, and retaliation, privately and through multiple channels without the threat of retaliation. Avenues for reporting including verbally or in writing to any staff member; writing an inmate request; calling the PREA Hotline; calling the Connecticut State Police; writing an anonymous note. Inmates are advised of how to access the PREA Sexual Assault Hotline and the Connecticut State Police Hotline Number. Third party reporting is explained and instructions for third parties to report are given. The contact information for the Connecticut Sexual Assault Crisis Services is provide as well. Twenty-five acknowledgement statements were provided for review.

All the interviewed inmates related they would report primarily to staff. They indicated they would probably seek out a Sergeant, Lieutenant or Captain. They also stated they could use the PREA Hotline, tell a family member or send a request. Interviewed staff named multiple ways inmates could report as well. They also reiterated they would accept and report any suspicion or report regardless of how they came to receive the allegation.

Standard 115.52 Exhaustion of administrative remedies

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

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.

AD 9.6, Inmate Administrative Remedies, Paragraph 18, Sexual Abuse Grievance, provides for reporting through a sexual abuse grievance that is treated differently from the normal grievance procedure. AD 9.6 provides for filing a grievance regarding allegations of sexual abuse. This may be accomplished by completing and depositing form CN 9602, Inmate Administrative Remedy Form, in the Administrative Remedies box. There is no time limitation for allegations of sexual abuse or requirement that an inmate attempt informal resolution prior to filing a sexual abuse grievance. However, otherwise applicable time limits and requirements for informal resolution attempts continue to apply to any portion of a sexual abuse grievance that does not allege sexual abuse. A sexual abuse grievance will not be determined by any staff member who is the subject of any portion of the grievance that alleges sexual abuse.

The AD allows third parties and outside advocates to assist inmates in filing requests for Sexual Abuse grievances and are permitted to file such grievances on behalf of inmates. If an inmate declines to have a Sexual Abuse Grievance filed on his or her behalf, the inmate's decision is to be documented.

Paragraph 19, of AD 9.6, Emergency Sexual Abuse Grievance, describes this grievance as a grievance alleging that an inmate is at substantial risk of sexual abuse that may be made by filing and depositing CN9602, Inmate Administrative Remedies Form, in the Administrative Remedies Box. The grievance needs to be clearly distinguished, "Emergency Sexual Abuse Grievance". Any portion of that grievance alleging sexual abuse has to be forwarded to a level of review at which immediate corrective action may be taken. An initial response is made within 48 hours or receipt and a final agency decision within five (5) calendar days. The response will state whether the inmate has been determined to be in substantial risk of imminent sexual abuse and the action taken will be documented.

The Pre-Audit Questionnaire documented that there were no grievances filed during the past twelve months alleging sexual abuse. This was also confirmed through interviews with administrative staff.

Standard 115.53 Inmate access to outside confidential support services

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

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.

AD 6.12, requires inmates be provided with contact information for victim advocacy groups that provide services to victims of sexual abuse.

The agency provided a Memorandum of Understanding between the Connecticut Department of Correction and Connecticut Sexual Assault Crisis Services, Incorporated (CONNSACS). CONNSACS, agrees to provide on-site victim advocates to provide emotional support to inmates throughout a forensic examination and investigatory process; counseling services to inmates reporting sexual abuse/assault; coordinate the provision of on-site services at either the hospital or at the CRDOC facility; ensure that all services provided to and communications with CTDOC inmates remain confidential and that CONNSACS will provide mutual training and informational sessions to CTDOC and CONNSACS staff and volunteers to ensure each entity possesses the proper training and knowledge to provide services related to PREA incidents. The agreement requires DOC to ensure the inmate population is made aware of the availability of the advocacy services described in the MOU. The agreement requires the information is provided via inmate orientation, the inmate handbook and postings throughout the facility. Ensure inmates are provided the toll-free hotline phone numbers recognized by the inmate phone system in order to allow the inmate to make the phone calls without cost.

Contact information is provided to inmates upon admission into the facility in the resident handbook. This is found on page 32 of the handbook. The CONNSACS 24/7 hotline number is provided in both English and Spanish. Inmates are informed, via the handbook, that counselors are provided through the CONNSACS and that this counseling is free. Too, they are informed that their phone calls, using the 24/7 hotline number enables them to report and talk in a confidential manner 24/7. Inmates sign a PREA Acknowledgment Statement that provides the contact information for the outside advocacy organization, CONNSACS. Additionally, inmates have the number to the Connecticut State Police as well as to their attorneys if they have one and to family members through phone and visitation.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

AD 6.12, Third Party Reporting, paragraph B. instructs staff to accept reports of sexual abuse, sexual harassment, retaliation for reporting sexual abuse and harassment or staff neglect or violation of responsibilities from inmates not directly involved in the incident in question. Staff are also instructed to accept reports from individuals outside the correctional facility. These, policy says, may make reports by writing or calling the Commissioner, Deputy Commissioner, District Administrator or Unit Administrator of the facility in which the incident allegedly occurred and by contacting the PREA Coordinator. Policy requires the DOC to make contact and third party reporting information available in its website. AD .12, Third Party Reporting, Section 10., Inmate Reporting, allows third party an anonymous reporting. Inmates, in compliance with this section, are also provided information for contacting the victim advocacy group (CONNSACS) that provide services to victims of sexual abuse. The agency website provides valuable information related to PREA and the agency's efforts to prevent, respond and report sexual abuse and to have all allegations investigated. It provides viewers references to PREA, access to Administrative Directive 6.12, the agency's Zero Tolerance Policy, and information related to investigations. The site provides contact information enabling third parties to report to the PREA Director's Office (providing phone and address) and to contact the PREA Investigation Hotline (phone number provided).

Interviews with staff indicated they are familiar with third party reports and all of them related they have been trained to accept third party reports and that they would treat them just like any other report and make a verbal report to their immediate supervisor followed by a written statement or report. Interviewed inmates mentioned family members as third parties who could report for them. When asked about other third party reports they indicated they believed fellow inmates could report for them.

Standard 115.61 Staff and agency reporting duties

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

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.

AD 6.6, Reporting of Incidents, describes the levels or classifications of violations. Class 1 Incidents include sexual abuse with immediate evidence that it occurred; Class 2, where there is sexual abuse however there is no immediate evidence that it occurred; and Class 3; sexual harassment. This policy described the required reporting procedures for each level of offense. AD 6.12, requires staff, volunteers, vendors and contractors to treat any observations of sexual activity as potential sexual abuse and requires them to report any instance of suspected, alleged or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse or staff neglect or violation of responsibilities contributing to sexual abuse to the shift supervisor as soon as practical and provide documentation in compliance with AD, 6.6, Reporting of Incidents.

Staff are mandated reporters of PREA incidents as well as being required and mandated to report any neglect, retaliation or violation of responsibilities.

DOC Policy is replete with reporting requirements. AD 6.12, Third Party Reporting, for example, requires staff to report reports received from third parties, including inmates not directly involved in the incident. Staff are also required to accept and report any report or allegation from individuals outside the facility.

Another example is AD 6t.12, Section 13. Staff Monitoring and Intervention, requiring staff, volunteers, vendors and contractors to treat any observation of sexual activity as potential sexual abuse. All staff, vendors, volunteers and contractors are required to report any instance of suspected, alleged or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse, or staff neglect or violation of responsibilities contributing to sexual abuse to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive 6.6, Reporting of Incidents.

AD 6.12, prohibits staff, apart from reporting to designated supervisors or officials, from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make safety and security management decisions.

Interviews with random and specialized staff confirmed that this agency and facility mandates that staff report suspicions, allegations, reports or other knowledge that an inmate has been the victim of sexual abuse or sexual harassment. Staff, were able to name multiple ways inmates could report and how other could report for them. One-hundred percent (100%) of the interviewed staff stated they would accept reports of sexual abuse or sexual harassment from any source and that they would report it to their immediate supervisor and follow-up with a written report within 24 hours with an expectation that it is done prior to the end of the shift.

Standard 115.62 Agency protection duties

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

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.

AD 6.12, requires that inmates are screened for risk of victimization after arriving at the facility. Policy requires the Department to use screening information to enhance housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Department/Facility makes individualized determinations on how to ensure the safety of each inmate.

AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11.A.1., requires that inmates at high risk for sexual victimization are not to be placed in involuntary restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot perform such an alternative housing assessment immediately, the facility may hold the inmate involuntarily in restricting housing on Administrative Detention status in compliance with AD 9.4, Restrictive Status for less than 24 hours while completing the alternative housing assessment.

The Directive also requires in Paragraph 2, that inmates placed in restrictive housing involuntarily, for protection, will have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the facility is required to document 1) the opportunities limited; 2) the duration of that limitation; and 3) the reasons for the limitations.

The reviewed Pre-Audit Questionnaire documented that there were no inmates held in involuntary restricted housing during the past twelve months. Interviews with administrative staff confirmed there have been no inmates placed in involuntary restricted housing in the past twelve months. The Deputy Warden, in an interview, stated the use of involuntary restricted housing would be a last resort and if used, an assessment would be conducted documenting that less restrictive means were not available.

Inmates will be held in involuntary restrictive housing on Administrative Detention status only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days.

The facility reported via the Pre-Audit Questionnaire that there were no inmates during the past twelve months reporting or having been determined to be at risk of imminent sexual abuse or requiring protection as a result of being a victim of sexual abuse or for reporting allegations of sexual abuse or retaliation. Interviews with staff confirmed there were no inmates requiring protective custody or protection during the past twelve months.

Staff related, in their interviews that they would take immediate action to protect any inmate at risk of victimization. Information from the risk screening at intake is used to assist in determining the most appropriate place to house the inmate to enhance his protection.

Standard 115.63 Reporting to other confinement facilities

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

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.

AD 6.12, Section 13, Staff Monitoring and Investigation, Paragraph 6., requires if an incident reported allegedly occurred in a facility that is not under the jurisdiction of the DOC or at a facility/site under the jurisdiction of the DOC other than where it is reported, the Unit Administrator or designee is required to notify the Administrator of the other facility of the allegation within 72 hours of the reporting of the incident.

The Pre-Audit Questionnaire reported there was one allegation of sexual abuse received at the facility related to sexual abuse at another facility. The facility provided documentation to demonstrate the process of reporting to the other facility. Interviews with the PREA Compliance Manager confirmed the process for reporting allegations received from inmates that they were abused in another facility and vice versa. The process articulated was consistent with the requirements of policy and the PREA Standards.

Standard 115.64 Staff first responder duties

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

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.

First responding is addressed in AD 6.12, Section 13, A, B, and C. If a staff member including medical staff suspects or an inmate or third party alleges that he/she or another inmate may have suffered from sexual abuse, the following actions are required:

1. Identify, separate and secure inmates involved, of necessary;
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering;
3. Notify a shift supervisor as soon as practical;
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate or change clothes until examined;
5. Promptly document the incident on CN 6601, Incident Report and forward to the shift supervisor;
6. Apart from reporting to a designated supervisor or official, staff are not to reveal any information related to a report of sexual abuse to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Supervisor actions are described and detailed in Paragraph A., and the following is required:

1. Contact the facility duty officer and the Connecticut State Police as soon as practical;
2. Alert health services staff and escort the victim to the Health Services Unit for a private medical and mental health assessment as soon as possible;
3. Take appropriate steps to ensure that the victim is not left alone;
4. Explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center who will accompany the inmate through the forensic exam and any other investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the inmate;
5. Provide the inmates with mailing addresses and phone numbers, including toll free numbers, where available, of local or State advocacy or rape crisis organizations and for inmates detained solely for civil immigration purposes;
6. Offer and make arrangements for the victim to speak with the facility's religious services representative;
7. Ensure timely 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;
8. Complete all reports in accordance with the Directive and Administrative Directive 6.6, Reporting of Incidents;
9. Obtain written statements from the alleged victim to include with the Incident Report;
10. Where possible attempt to video the interview of the alleged victim unless the inmate refuses;
11. Complete the Incident Report Checklist; and
12. Forward the reports through the appropriate chain of command for review and follow-up investigation.

Medical's responsibilities are also covered in this policy.

The power point presentation used to train staff covered first responding, including immediate actions, supervisory action, crime scene preservation, evidence collection and investigations.

Staff, in their interviews were well versed in and trained in the steps and actions they would take if they were the first staff to be alerted that an inmate had allegedly been the victim of sexual abuse. Staff consistently reported they would first separate the alleged victim and alleged perpetrator, ensuring the alleged victim was safe, notify their supervisor, secure the potential crime scene, instruct the alleged victim and alleged abuser not to change clothing, use the restroom, eat, drink, brush their teeth or take any other actions that might degrade or destroy potential evidence. It was evident staff have been trained as first responders.

The Pre-Audit Questionnaire documented there have been no allegations of sexual abuse at this facility within the past
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twelve months in which a staff member had to serve as a first responder. This was confirmed as well through staff interviews.

Standard 115.65 Coordinated response

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

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.

Administrative Directive 6.12, serves as the coordinated response plan and provides the specific actions required of staff first responders, supervisory staff, medical and mental health staff, and investigations. Roles are specified in detail. The coordinated responsibilities are also covered in the power point training provided by the Department. Interviewed staff were knowledgeable of the roles each would play in response to a sexual assault. The inmate will be taken to the local hospital for a forensic exam and the services of CONNSACS will be offered and available to provide emotional support services during the forensic exam and investigatory interviews.

Interviewed staff could articulate their responsibilities and indicated they had all been trained in the coordinated response plan.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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.

Interviews with the PREA Compliance Manager/Warden's Designee confirmed that there is nothing in any contract that prevents the administration from removing any staff who is alleged to or has violated any agency policy related to sexual abuse or sexual harassment, pending an investigation. Pending an investigation, staff alleged to have been involved would most likely be placed on a form of administrative leave while an investigation was being conducted. Employees determined to have violated agency sexual abuse policies would be sanctioned in a compliance with applicable personnel rules and termination for sexual abuse would be the presumptive action taken in those cases.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Administrative Directive 6.12, Post Allegation Protection of Inmates and Staff from Retaliation, affirms that it is DOC policy that no inmate or staff should be retaliated against for reporting inmate sexual abuse or inmate sexual harassment and for at least 90 days following a report of sexual abuse, the PREA Unit will monitor the conduct and treatment of inmates or staff who reported the alleged sexual abuse and of inmates who reported the alleged sexual abuse and 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 and shall promptly act to remedy any such retaliation. Items the PREA Unit would monitor include any inmate disciplinary report, housing or program changes or negative performance reviews or reassignments of staff. The PREA Unit should also, according to policy, include periodic status checks of alleged inmate victims. The PERA Unit is required to continue monitoring beyond 90 days if the initial monitoring indicates a continuing need for monitoring. If any other individual who cooperates with the investigation expresses a fear of retaliation. The Agency's PREA Director Unit's obligation to monitor terminates if an investigation determines that the allegation is unfounded.

The agency provided a list of PREA Liaisons for each facility with whom the PREA Unit would work in monitoring retaliation. The Pre-Audit Questionnaire documented there were no allegations of sexual abuse during the past twelve months therefore there were no cases requiring retaliation monitoring. Staff, were however, aware of the procedures for monitoring retaliation if needed.

Standard 115.68 Post-allegation protective custody

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

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.

Administrative Directive 6.12, Section 11, A, 1-3 addresses post allegation protective custody. Policy requires that inmates at high risk for sexual victimization are not to be placed in involuntary restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot provide available alternative housing, they must perform an alternative housing assessment immediately. If there are no alternative means of separation the facility may hold the inmate in restrictive housing on Administrative Detention, for less than 24 hours while completing the alternative housing assessment. Too, if inmates are placed in restrictive housing for protection, they will have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts that access, the facility is required to document the opportunities restricted, the duration of the restriction and the reasons for the limitations.

AD 6.12, requires that if the facility assigns inmates to involuntary restrictive housing on Administrative Detention status only
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until an alternative means of separation from likely abusers can be arranged, such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made, the facility shall document: (1) the basis for the facility's concern for the inmate's safety; and (2) the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall review the circumstances to determine whether there is a continuing need for separation from the general population.

The facility reported there have been no cases during the past twelve months in which an inmate was placed in segregated/restricted housing for protection. This was confirmed by interviews with the PREA Compliance Manager and other staff. CRCI staff related they do not place victims in protective segregated housing.

Standard 115.71 Criminal and administrative agency investigations

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

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.

The Connecticut Department of Correction Administrative Directive 1.10, requires the DOC to review and investigate significant incidents and/or allegations of acts as appropriate.

Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment requires the Connecticut State Police to serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. The Department's PREA Investigation Unit will assist that appropriate law enforcement agency as needed and shall conduct a separate internal investigation into an incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit of designee serves as the primary investigating authority for all incidents of sexual harassment.

AD 1.10, Investigations describes the entire investigation process and includes General Principles, Initial Inquiries and Administrative Investigations, Conduct of Investigations, Reporting of Incidents, Interviewing Summary, Evidence, Report Format and Closure. Too, it describes the roles of the Security Division Investigations. The Security Division Investigators may be called in on any case but are especially involved in cases or allegations involving staff. They will conduct an investigation in tandem with the Connecticut State Police when the allegations appear criminal in nature, with the Security Division providing support to the law enforcement as requested and their investigation will center around the administrative issues involving staff.

The Department has a PREA Investigation Unit. These investigators have also had specialized training in conducting sexual abuse investigations in confinement settings. PREA Investigations will, at a minimum, according to Policy 1.10, review direct and circumstantial evidence, interview all alleged victims, suspected perpetrators and any relevant witnesses, review prior complaints and reports of sexual abuse involving the suspected perpetrator. The PREA Unit investigations will also include an effort to determine whether staff actions or failures to act contributed to sexual abuse; shall be documented in reports that include a description of the physical and testimonial evidence the reasoning behind credibility assessments and investigative facts and findings. When the evidence support criminal prosecution, the Connecticut State Police will be notified. If the State Police determine that no criminal aspect exist the PREA Unit may conduct compelled interviews only after consulting with the Office of the State's Attorney as to whether compelled interviews would be an obstacle to subsequent criminal prosecution. Policy requires and investigative processes include assessing the credibility of an alleged victim, suspect or witness be the assessment is on an individual basis and not determined by the individual's status as inmate or staff. The use PREA Audit Report

of polygraph is prohibited. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. Policy also requires that the departure of the alleged abuser or victim from employment of the control of the Department will not provide the basis for terminating an investigation. Paragraph B of the directive requires that the standard used to substantiate an allegation of sexual abuse is the preponderance of the evidence. Paragraph H., requires the PREA Unit to retain all investigation reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years; or, as long as required by State records retention policies; or, as required by a litigation hold notice, whichever is longer.

The Pre-Audit Questionnaire reported that there were no allegations appearing to be criminal in nature that were referred for prosecution during the past twelve months. This was confirmed, as well, through interviews with administrative staff. The investigator indicated if a call is made via the hotline the facility would receive a call from the PREA Unit. The facility's role at this point would be to collect information and after consultation with the PREA Unit, decide how to proceed. Staff described the investigative process. Investigations, at each level, must be assigned by the Regional Administrator. The agency has a Security Division with investigators who are more likely to be called in when allegations involve staff. Their role is similar to that of "internal affairs". The PREA Unit Investigators may decide that a case can be handled by the facility investigator or they may conduct the investigation based upon the initial facts in the case. If the allegation appears criminal in nature, the case will be referred to the Connecticut State Police.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

Administrative Directive 1.10, Investigations, Section 3, Paragraph K., Preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

Interviews with the facility investigator and a PREA Unit Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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.

Administrative Directive 1.10, Investigations, Section 8.G, Reporting to Inmates, and Administrative Directive 6.12, Paragraph 17, Reporting to Inmates Making an Allegation of Sexual Abuse, requires that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a Department Facility, the PREA Unit will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In those cases in which the PREA Unit did not conduct the investigation, the relevant information will be requested from the investigative agency in order to inform the inmate. The PREA Unit's obligation to an inmate terminates if the inmate is released from Department custody. AD 6.12, Paragraph 17, Reporting to Inmates Making an Allegation of Sexual Abuse requires that following an investigation by the Connecticut State Police into an inmate's allegation that he/she suffered sexual abuse in a facility the PREA Unit will inform the inmate when an allegation is found to be substantiated. Following investigation into an inmate's allegation that he or she has suffered sexual abuse in a facility, the PREA Unit shall inform the inmate when an allegation is found to be substantiated

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the Department will subsequently notify the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer in the inmate's housing unit; 2) the staff member is no longer employed at the facility; 3) the Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4) the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are to be documented on the CN 9202 Offender Classification History form. The Department's obligation to report under this standard terminates if the alleged victim is released from the Department's custody.

There were no allegations of either sexual abuse during the past twelve months therefore there were no notifications to inmates required. This was confirmed through reviewing the Pre-Audit Questionnaire and interviewing administrative staff.

Standard 115.76 Disciplinary sanctions for staff

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

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.

Administrative Directive, 6.12, Paragraph 21. Disciplinary Sanctions, A. Staff Discipline, references AD 2.6, Employee Discipline and 2.17, Employee Conduct, states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and/or harassment policies. The Directive indicates that termination is the presumptive disciplinary sanction for staff who have been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

AD 2.6, Employee Discipline, Paragraph 18, Offenses Normally Resulting in Dismissal identifies several offenses related to sexual abuse and inappropriate or undue familiarity with an inmate who is in the jurisdiction of the Department for which dismissal is normally the sanction.

There have been no allegations during the past twelve months. The Pre-Audit Questionnaire and interviews with staff indicated there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies; none disciplined short of termination for violations of any sexual abuse or sexual harassment policies; and no staff who were reported to law enforcement or licensing boards following termination or resignation for violating any agency sexual abuse or sexual harassment policies.

Interviews with the Warden's Designee confirmed staff violating agency sexual abuse policies will be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

Standard 115.77 Corrective action for contractors and volunteers

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

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.

Administrative Directive 6.12, Paragraph 21, Disciplinary Sanctions, Corrective Action for Contractors, Vendors and Volunteers, identifies sanctions for contractors, vendors and volunteers who engage in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contract with inmates, in the case of any other violation of agency inmate sexual abuse or sexual harassment policies by a contractor or volunteer.

Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. This information is provided in the VIP Handbook provided to all contractors and volunteers.

There have been no violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months. This was documented on the Pre-Audit Questionnaire and confirmed through interviews with the PREA Compliance Manager.

Standard 115.78 Disciplinary sanctions for inmates

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

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.

Administrative Directive 9.5, Code of Penal Discipline, 12., Class "A" Offenses, BB. Sexual Misconduct, states that sexual misconduct is involvement in activities as defined in the Sexual Abuse Directive (6.12).AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, C. Inmate Discipline, states inmates shall be subject to disciplinary sanctions in accordance with Administrative Directive 9.5, Code of Penal Discipline if an inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Too, the agency will discipline inmates for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. However, if an investigation concludes that the report of sexual abuse was not made in good faith, an inmate may be subject to discipline in accordance with Administrative Directive 9.5, Code of Penal Discipline. All sexual activity between inmates is prohibited and inmates may be disciplined for engaging in this activity. However, if the activity is not coerced, inmates engaging in the activity will not be found guilty of sexual abuse, although they may be subject to other disciplinary sanctions.

The Pre-Audit Questionnaire documented that there were no allegations or investigation resulting in inmate discipline for violating any agency sexual abuse policies. This was confirmed through interviews with staff. An interview with the PREA Compliance Manager/Deputy Warden related that inmates would be disciplined in accordance with AD 9.5, Code of Penal Discipline and if the allegation was criminal he would be referred for prosecution if the charges were substantiated.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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.

Administrative Directive 8.5, Mental Health Screening, Mental Health Services, require inmates who disclosed they had experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, are to be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

An inmate known to have attempted to commit inmate-on-inmate sexual abuse, or an inmate known to have committed inmate-on-inmate sexual abuse is subject to a mental health evaluation by a qualified mental health professional. This evaluation will be attempted within 24 hours of the report of such sexual abuse or attempt and treatment will be offered as appropriate.

Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law. Mental Health practitioners will 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. All mandatory reporting laws for allegations of sexual abuse must be followed. Informed consent if logged on an Informed Consent log.

Interviews with medical and mental health staff indicated inmates reporting prior sexual victimization or prior perpetration would be seen by a mental health professional within 14 days of the initial screening.

A review of 15 inmate files indicated that three of the inmates disclosed prior sexual victimization and were offered, but refused, mental health follow-up.

Standard 115.82 Access to emergency medical and mental health services

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

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.

Inmates requiring a forensic medical exam are sent to an outside hospital to be examined by a Sexual Assault Nurse Examiner. The CONNSACS provide information as to the location of the nearest medical facility that has a Sexual Assault Nurse Examiner. Staff at the CRCI indicated inmate victims of sexual assault would be seen at either St. Francis Medical Center Hartford, or Mt. Sinai Hospital Hartford, CT.

Inmate victims are offered timely information about sexually transmitted infections prophylaxis as deemed appropriate by medical health care professionals.

The agreement states all emergency care is provided without cost to the inmate and is provided at no cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Lastly, the DOC and Correctional Managed Health Care have transitional counselors and discharge planners assigned to facilities around the state who develop medical and mental health care plans for inmates before they enter the community. This includes inmates who were sexually abused who need ongoing care in the community.

An interview with medical staff at the facility confirmed that in the event of a sexual assault their role would be to provide any first aid type treatment for any injuries needing immediate attention and that the inmate would be transported to a medical facility who had Sexual Assault Nurse Examiners on duty at the time. The healthcare staff who was interviewed stated that medical staff have a step by step process and protocols guiding them in the event an inmate has been sexually assaulted.

Administrative Directive, 8.1, Scope of Health Services Care, 4., Scope of Services and Access to Care, provides for inmate victims of sexual abuse to receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The Pre-Audit Questionnaire indicated there were no inmates who required emergency medical or mental health services as the result of a sexual assault. This was confirmed through interviews with the administrative staff and healthcare staff.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

Administrative Directive 8.5, Mental Health Screening, Mental Health Services, require inmates indicating having experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, is to be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

An inmate known to have attempted to commit inmate-on-inmate sexual abuse, or an inmate known to have committed inmate-on-inmate sexual abuse is subject to a mental health evaluation by a qualified mental health professional. This evaluation will be attempted within 24 hours of the report of such sexual abuse or attempt and treatment will be offered as appropriate.

Inmate victims are offered timely information about sexually transmitted infections prophylaxis as deemed appropriate by medical health care professionals. This is normally offered and provided at the hospital. If, for some reason the inmate was not offered STI prophylaxis at the hospital the healthcare staff at the facility can provide it upon receiving orders from their physician.

Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law. Mental Health practitioners will 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. All mandatory reporting laws for allegations of sexual abuse must be followed.

The agency has an agreement (MOU) with the Connecticut Sexual Assault Crisis Services to provide services to inmates who may have been the victims of sexual abuse. The agreement provides for the following:

1) CONNSACS will provide toll-free hotlines throughout Connecticut for use by potential victims of sexual assault. CTDOC will allow these numbers to be accessed through its inmate phone system at no cost, and will ensure that the CTDOC inmate population has access to the phone numbers.

B. Forensic Examination/Investigatory Process:

2) At the request of the inmate, CTDOC will notify CONNSACS that an inmate will be transported for forensic examination. At such time, CTDOC will provide the name of the inmate, hospital the inmate is being transported to and approximate time of arrival. CONNSACS staff will be on hand at the hospital to provide support to the inmate during the forensic examination and investigatory process.

C. Crisis Counseling:

3) At the request of the inmate and the discretion of CONNSACS, CONNSACS will provide crisis counseling sessions for inmates who identify as abuse/assault/trauma victims. Such services will be coordinated with the CTDOC facility PREA liaison to ensure timely entrance to the correctional facility and adequate, private space for such counseling.

Standard 115.86 Sexual abuse incident reviews

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

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.

Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 22., Review by Facility of Sexual Abuse Incidents, requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation. The review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team is required to consider and complete the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

The directive requires a report of findings to be prepared following the review and is submitted to the facility's unit administrator and the PREA Director. The facility will implement the recommendations for improvement or document the reasons for not doing so. This form has each of the questions required by the PREA Standards.

The facility reported on the Pre-Audit Questionnaire that they have not had any allegations or investigations requiring an incident review. The Pre-Audit Questionnaire indicated there have been no criminal or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded incidents during the past twelve months. However interviews with staff confirmed they are aware of the process and were able to articulate how they would conduct a review. Staff indicated the following are minimally the staff on the incident review team: Warden; Deputy Warden/PREA Compliance Manager; Counseling Supervisor; Medical, Education, Maintenance; and Intelligence. This team actually meets every Monday and Friday to review any form of incident, including any PREA related incidents.

Standard 115.87 Data collection

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

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.

Data collected is based on a standard set of definitions as described in the PREA Standards. Administrative Directive 6.12, Section 3, Definitions and Acronyms provides those definitions.

Administrative Directive, 6.12, Section 23, A. Reporting, requires documentation and reporting of sexual abuse/sexual harassment including internal reporting. Internal reporting requires all sexual abuse/sexual harassment is documented on CN 6601, Incident Report in compliance with Administrative Directive 6.6, Reporting of Incidents and included in the monthly STARS report. Each documented report is reviewed by the Facility PREA Compliance Manager and documented on CN 61203, PREA Incident Post-Investigation Facility Review. The STARS report list all reports of sexual abuse/sexual harassment including substantiated allegations, unsubstantiated allegations and unfounded allegation. The information described is made readily available to the public at least annually through the Department's website. The sexual abuse data collected must be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

Standard 115.88 Data review for corrective action

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

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.

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23.C., Tracking, indicates the Department's PREA Investigation Unit will track all allegations of sexual abuse/sexual harassment to include investigation results and any actions taken by the Department, Connecticut State Policy and/or the courts. The Agency's PREA Coordinator will review the data collected and aggregated to assess and improve the effectiveness of the Department's prevention, detection and response policies, practices and training by identifying problem areas; recommending corrective actions on an ongoing basis; and preparing an annual report of the findings and corrective actions for each facility as well as the Department as whole. This report shall include a comparison of the current year's data and corrective actions with those from previous years and provide an assessment of the agency's progress in addressing sexual abuse. The report is available on the agency's website. Information that would present a safety and security threat if made public will be redacted from the report with an explanation as to the nature of the redacted information.

AD 6.12, External Reporting, requires that annually, sexual abuse/sexual harassment statistics will be provided to the US DOJ (Bureau of Justice Statistics). The annual report includes statistics in all the categories required by the PREA Standards. The annual report is forwarded to the US DOJ as required.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

The Agency's Records Retention Schedule, Series #26, PREA Investigations and Review Records, requires that PREA Information and Statistics are retained for the duration of incarceration of alleged abuser(s) plus five (5) years or 10 years after all litigation is resolved whichever is later.

AD 6.12, requires that the information described in this section will be made readily available to the public at least annually through the Department's website. The sexual abuse data collected shall be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

AUDITOR CERTIFICATION

I certify that:

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

Robert Lanier

June 22, 2017

Auditor Signature

Date