

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

**Date of report:** 10 Dec 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> WC Sparks			
<b>Address:</b> 123 Farmington Ave., Suite 117, Bristol, CT 06010-4200			
<b>Email:</b> <a href="mailto:wcsparks@sparkssecurityct.com">wcsparks@sparkssecurityct.com</a>			
<b>Telephone number:</b> 860 841 0416			
<b>Date of facility visit:</b> 09, 10, 12 Nov. 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Hartford Correctional Center			
<b>Facility physical address:</b> 177 Weston St., Hartford, CT 06120			
<b>Facility mailing address:</b> (if different from above) SAA			
<b>Facility telephone number:</b> (860) 240-1800			
<b>The facility is:</b>	Federal	State	County
	Military	Municipal	Private for profit
	Private not for profit		
<b>Facility type:</b>	Prison	Jail	
<b>Name of facility's Chief Executive Officer:</b> William Faneuff			
<b>Number of staff assigned to the facility in the last 12 months:</b> 337			
<b>Designed facility capacity:</b> 998			
<b>Current population of facility:</b> 1074			
<b>Facility security levels/inmate custody levels:</b> 1 - 4			
<b>Age range of the population:</b> Minimum age is 18, no maximum			
<b>Name of PREA Compliance Manager:</b> Sandy Bundy		<b>Title:</b> Deputy Warden	
<b>Email address:</b> Sandy.Bundy@ct.gov		<b>Telephone number:</b> (860) 240-1800	
<b>Agency Information</b>			
<b>Name of agency:</b> Connecticut Department of Correction			
<b>Governing authority or parent agency:</b> State of Connecticut			
<b>Physical address:</b> 24 Wolcott Hill Road Wethersfield, CT 06109			
<b>Mailing address:</b> SAA			
<b>Telephone number:</b> (860) 692-7480			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Scott Semple		<b>Title:</b> Commissioner	
<b>Email address:</b> Scott.Semple@ct.gov		<b>Telephone number:</b> (860) 692-7480	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Dave McNeil		<b>Title:</b> PREA Director	
<b>Email address:</b> Dave.McNeil@ct.gov		<b>Telephone number:</b> (203)-250-8136	

## AUDIT FINDINGS

### NARRATIVE

A PREA Audit was conducted at the State of Connecticut, Department of Correction facility, Hartford Correctional Center, Hartford, CT on 09, 10, and 12 November, 2015. Prior to the physical on-site audit of HCC, interviews were conducted at the Central Office of the Connecticut Department of Correction. Interviewed were Deputy Commissioner Cheryl Cepelak, Acting Deputy Commissioner Monica Rinaldi, Human Resources Director Suzanne Smedes, PREA Unit Director Dave McNeil, Contract Administrator Melanie Sparks, and three PREA Investigators from the Security Division. During the six weeks prior to the audit, a comprehensive review was conducted of both Agency and Facility policy and procedures.

On 09 November 2015, the day began with introductions in the Warden's office. CTDOC PREA Coordinator Dave McNeil, HCC Warden William Faneuff, HCC Compliance Manager Deputy Warden Sandy Bundy, Deputy Warden Scott VanOudenhove, Captain Raymond Howard, Captain Tim Fusaro, and Lt. Collins were all in attendance. After introductions, HCC Warden Faneuff led a tour of the entire HCC.

A HCC inmate listing was furnished showing all inmates including inmates identified as being limited English proficient, gay, bisexual, intersex, transgender, and disabled. There were no inmates identifying as transgender; there were five self-identifying gay inmates; none identifying as intersex, bisexual, or disabled. One inmate that had reported sexual abuse was interviewed. Rosters of staff assignments for each shift were also furnished to enable selection of staff to interview.

Random inmates were selected with at least one from each housing unit as well as the five inmates who identified as being gay. In all eighteen inmates were identified and agreed to interviews. Thirteen random staff representing all three shifts were also selected. Specialized staff interviewed on-site included the Warden, PREA Compliance Manager, Intermediate/Higher Level Supervisors (Deputy Warden, four Captains and three Lieutenants), Medical Nurse, three members of the incident review team, three Intake staff, one religious services staff member, two counselors and one teacher. The medical and mental health staffs at the facility are contracted through UMHC (University of Connecticut Managed Health Care).

HCC provided two private locations to conduct interviews with both staff and inmates. Interviews were conducted during the Day Watch with staff from all three shifts.

The correctional officers and other staff interviewed were both articulate and knowledgeable on the subject of their duties and specifically those aspects of PREA that were of potential impact to their positions. The overall impression was one of a well-trained and professional work force.

## DESCRIPTION OF FACILITY CHARACTERISTICS



This level 4, high-security urban jail holds primarily pretrial offenders and serves superior courts in Bristol, Enfield, Hartford, Manchester, Middletown, New Britain, Rockville and West Hartford.

The Hartford Correctional Center was opened in 1977. It is designed as a level 4 pretrial facility for adult males. It is situated on 10 acres.

In 1990, the addition of Dormitory 1 and 2 was opened. In 1991, the addition of Dormitory 3 and 4 was opened. During 1998 and 1999 Dormitory 3 and 4 were partitioned with cages which have since been removed.

In all, Hartford CC consists of ten secure celled housing units (including Restrictive Housing) and a maximum of eleven dormitories (some as small as four beds). Only eight of the dormitories were in use at the time of the audit.

The Hartford Correctional Center also oversees this agency's 12-bed Medical-Surgical Ward at the University Of Connecticut Medical Center in Farmington. The Medical-Surgical Ward is a level 5 co-ed inpatient/outpatient program. The high security medical ward, on a yearly basis processes nearly 350 inpatients and more than 2,200 outpatients.

## SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:	0
Number of standards met:	41
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)

Standard Is Not Applicable

Compliance with the standard was determined by review of CT DOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 1, "Policy"; dated 20 July 15; HCC Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 1, "Policy". Review of the organizational chart showed the PREA coordinator indicated. The CT DOC has established an agency-wide PREA Coordinator (Dave McNeil) who reports to Commissioner of Corrections, Scott Semple, and PREA Compliance Managers for each facility it operates. Mr. McNeil was appointed as the Agency PREA Coordinator Sept 6, 2013. Deputy Warden Sandy Bundy's appointment as PREA Compliance Manager for the Hartford Correctional Center was effective July 2013. Deputy Warden Sandy Bundy reports to Warden Faneuff. Based upon the interview, both of these individuals have ample time to accomplish their PREA related duties. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in that it complies in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

## **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)

Standard Is Not Applicable

The HCC does not contract with any entities to house inmates; however, the Connecticut Department of Correction does contract with seventeen non-profit private agencies for the confinement of its inmates. Review of these contracts clearly indicates the entity's obligation to adopt and comply with the PREA standards including annual PREA audits. Annual inspections of each facility are completed each year by CT DOC ensuring that the contractor is complying with the PREA standards. Based upon the totality of interviews conducted and reviews of applicable policy and related contracts, it is apparent that the CT DOC achieves substantial compliance in that it complies in all material ways with the standard for the relevant review period. Hartford CC, as a sub-division of the CT DOC is determined to be "Meets Standard" for this standard.

---

## **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)

Standard Is Not Applicable

The CT DOC ensures that the HCC makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. Governing policies are; CT DOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 4, "Staffing Plan"; dated 20 July 15; CT DOC Administrative Directive 2.15 "Custodial Staff Deployment" Section 5 "Staffing Plan" and HCC Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 4, "Staffing Plan". The HCC has developed a staffing plan that ensures safety and security of all is maintained by adopting generally accepted detention and correctional practices and documents compliance therewith. There are no findings of inadequacy from any judicial, federal investigative agency, or internal/external oversight bodies. All components of the facility's physical plant are considered during development of the staffing plan as evidenced by minutes from staffing plan meetings. HCC provided documentation of staffing plan meetings in the form of minutes from the 16 June 2015 "PREA Unit." This was the first documented instance of these meetings

taking place. Additional documentation submitted for review included camera maps, daily shift rosters, and HCC Post Plan. General post orders and logs showing unannounced rounds were also submitted for review. The totality of the documentation demonstrates that the HCC and the CT DOC keep PREA standard considerations in mind when determining the need for additional staff and video monitoring. Security concerns are balanced with the composition of the inmate population. Programming is scheduled based upon the available supervision and staff available. Deviations of the staffing plan have occurred twice during previous twelve months due to staff shortages and position vacancies and were logged and documented as required. Overtime is assigned after designated "Pull Posts" and "Shutdown Posts" have been closed. Shutting down of a post will trigger cessation of programming in that area. Logbooks and interviews clearly illustrate that Supervisors conduct unannounced rounds on all shifts throughout the facility. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

#### **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)

Standard Is Not Applicable

HCC does not accept inmates less than eighteen years of age under any circumstances. HCC is determined to be "Not Applicable" for this standard.

---

#### **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)

Standard Is Not Applicable

The HCC officers are permitted to conduct cross gender strip searches per CT DOC and HCC policy when, "accommodation cannot be made and a strip-search is deemed to be essential without delay". Relevant policy is; CT DOC Administrative Directive 6.7, "Searches Conducted In Correctional Facilities", Section 7, "Inmate Strip Searches"; HCC Unit Directive 6.7, "Searches Conducted In Correctional Facilities", Section 7,

“Inmate Strip Searches”. Should this occur, reporting is mandatory via form CN 6601, “Incident Report”, in accordance with Administrative Directive 6.6, “Reporting of Incidents”. Documentation submitted shows that there were no cross gender strip searches conducted during the relevant reporting period. HCC is an all-male facility and does not house female inmates, making 115.15 (b) non-applicable. When cross gender staffs are in the housing units, there is an announcement made of opposite gender staff being on the unit. It was evident from the tour as well as inmate and staff interviews that these announcements are being made routinely. Said announcements are logged in logbooks in the housing units. It was suggested that the facility might wish to invest in a warning light to be turned on when female staff are in the unit as an aid to notifying inmates of their presence. All staff are trained to conduct all pat searches in a professional manner. CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention”, section 11 (e), “Showering and Bodily Functions” and HCC Unit Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention” section 11 (e), “Showering and Bodily Functions” provides for inmates to be able to shower, perform bodily functions, and change clothing without opposite gender staff viewing their buttocks or genitalia. The training lesson plan for “Security Procedures – Body Search Techniques” and a training video entitled, “VTS-02-1” was reviewed which does contain information regarding searches of LGBTI inmates. A sample of training records for HCC employees was reviewed to confirm training was attended. Trained staff equaled 100 percent (337). Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

A review of the following CT DOC policies and documents shows policy compliance with this standard: CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention”, section 10, “Inmate Education”; HCC Unit Directive 6.12 “Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention”, section 10, “Inmate Education”; CT DOC Administrative Directive 10.19 “Americans with Disabilities Act”; CT DOC Administrative Directive 10.12 “Inmate Orientation” section 3(a), “Initial Orientation”; PREA “Training For Staff” Lesson Plan; Hartford Correctional Center Inmate Handbook; PREA Posters in both English and Spanish; and MOU’s for linguistic translation with four different companies. The facility takes necessary steps to ensure inmates with disabilities and inmates with limited English proficiency have an



opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All materials are presented verbally during orientation. There have been no instances during this report period where inmate interpreters, readers or other types of inmate assistants were used. This was confirmed through staff and inmate interviews. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

Interviews with representatives from the CT DOC Human Resources unit indicate that the components of this standard are being met. CT DOC Administrative Directive 2.3, "Employee Selection, Transfer and Promotion" is the guiding authority to accomplish compliance with this standard. HCC does not conduct background checks on permanent employees as these are completed at the Agency level at least every five years for current permanent employees. The Agency has conducted five hundred thirty nine background checks during the past twelve months for new hires and transfers. Documentation received from the CT DOC verified this. The agency became compliant with this standard as of 26 Sept. 2014. All employees with over five year's seniority have had their criminal background check completed again since that time. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

Upgrades and enhancements to facilities are mandated to consider PREA aspects by CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse /Sexual Harassment

Prevention and Intervention", section 20, "Upgrades to Facilities and Technologies"; HCC Unit Directive 6.12 "Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention", section 20, "Upgrades to Facilities and Technologies". Review of the camera schematics along with observations made during the tour shows that the facility has an adequate camera system augmented by mirrors to enhance the ability to monitor inmates. No requests have been submitted for approval to acquire cameras and/or additional mirrors. Recommendations were made by the auditor for the installation of windows in a significant number of doors as well as the removal of blinds and other impediments to visual observation of offices. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

Policy and procedures are encompassed in an MOU between CT DOC and Connecticut State Police (CSP), CT DOC Administrative Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 15, "Evidence Protocol/Securing the Area" and Administrative Directive 6.9, "Control of Contraband and Physical Evidence", section 7, "Physical Evidence" and Administrative Directive 8.1, "Scope of Health Service Care", section 4, "Scope of Services and Access To Care" and University of Connecticut Health Center (UCONN) Correctional Managed Health Care (CMHC), policy B5.01, "Response to Sexual Abuse"; and HCC Unit Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 15, "Evidence Protocol/Securing the Area" which outline uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. Healthcare staff is not involved in the management or treatment of sexual assault cases except to stabilize the inmate before the transfer to St. Francis Hospital, Hartford, CT or UCONN Medical Center in Farmington, CT as their primary provider where SAFE – SANE staff are on duty. All services are available without cost to the inmate. The Connecticut State Police are also notified immediately and would be present at the hospital for the investigation. There was one forensic medical examination during this reporting period. This exam was accomplished at UCONN Medical Center in Farmington, CT after an inmate alleged having been sexually assaulted by another inmate. Investigation showed that the incident was substantiated. Interviews with Medical and Custody staff showed a competent knowledge of evidentiary collection procedures and specifics to biological materials. Victim advocacy is available to all inmates via an MOU with Connecticut Sexual Assault Crisis Services (CONNSACS).

CONNSACS agrees to make available to the victim a victim advocate from a rape crisis center that will be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The aforementioned MOU with CSP shows that the agency has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency publishes this policy on its website at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868> . The agency ensures this is accomplished through promulgation of policies that meet this standard, including CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 16, “Investigation of Sexual Abuse/Sexual Harassment”, HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 16, “Investigation of Sexual Abuse/Sexual Harassment”, CT DOC Administrative Directive 6.6 “Reporting of Incidents”, section 8(a)5, “Notification Procedures”, Administrative Directive 1.10 “Investigations”, section 6(b) “Initial Inquiries and Administrative Investigations”. All allegations are referred to the PREA Unit for investigation and some may be further referred to the Security Division. An administrative investigation is completed on all allegations of sexual abuse and sexual harassment. Administrative Directive 1.10 “Investigations” governs the conduct of such investigations. The Connecticut State Police determine the necessity of a criminal investigation. During the past twelve months there were a total of twenty two allegations of sexual abuse. One was substantiated, eighteen were unsubstantiated and three investigations remain open and pending in the PREA unit at this time. One allegation was accepted by CSP for potential prosecution. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

## 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)

Standard Is Not Applicable

The agency trains all employees on Agency and facility policies, including; its zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates' right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the 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 nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training is tailored to the gender of the inmates at Hartford CC. Training standards are set forth in: CT DOC Administrative Directive 2.7, "Training and Staff Development", CT DOC Administrative Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 9, "Staff Training"; HCC Unit Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 9, "Staff Training"; 24-HREL 408A PREA Standards Training 2014 power point training material. Training curriculum includes all requirements of the PREA Standards. Training attendance sign-in sheets have been reviewed. All staff is mandated to forty hours of in-service training (IST) each year that includes this mandated training. Additionally, there were eighteen roll-call memos issued, breaking down the PREA policy, and issued in order to reinforce the formal trainings mentioned above. The facility trained 218 staff (officers, supervisors, and support staff) which equaled 70%. All staff (100%) have received the information contained in the aforementioned roll call memos. Training is ongoing. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

## **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)

Standard Is Not Applicable

The CT DOC and HCC ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the CT DOC and HCC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Governing policies are; CT DOC Administrative Directive 2.7 "Training and Staff Development", section 6-d, "Volunteers"; CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 9-b, "In Service Training"; HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 9-b, "In Service Training"; VIP (Volunteers, Interns, Professional Partners) Handbook, p.17, 18, "PREA Standards"; VIP Prison Rape Elimination Act Training Handout. All volunteers and contractors who have contact with inmates are trained in the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. CT DOC conducts background and Motor Vehicle checks every five years for contractors, vendors and volunteers or whenever the contract is renewed, whichever is less. HCC has conducted background checks on one hundred forty three contractors and volunteers during the past twelve months. Contractors do not have unescorted access to the facility or the inmates. HCC maintains documentation confirming that volunteers understand the training they have received. Training attendance sign-in sheets were reviewed. No volunteers were available for interview. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

## **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)

Standard Is Not Applicable

All inmates receive information explaining the CT DOC and HCC zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Governing policies are; CT DOC

Administrative Directive 9.3, "Inmate Admissions, Transfers and Discharges", section 5, "Admissions", (J) "PREA Screening of Newly Admitted Inmates"; mandate PREA training upon arrival at the receiving facility. CT DOC Administrative Directive 10.12, "Inmate Orientation", section 3 "Initial Orientation" mandates that the receiving facility provides PREA training upon receiving transfer inmates including to those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. CT DOC Administrative Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 10, "Inmate Education" and HCC Unit Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 10, "Inmate Education" mandates inmates receive presentation of the PREA video and are made aware of the CT DOC zero tolerance policy, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. HCC documentation shows that there were five thousand ninety two inmates that received a minimal level of instruction which included zero tolerance policy and how to report and one thousand eight hundred and eighty inmates stayed at the facility for thirty days or more and received comprehensive education on their rights as delineated by PREA. Interviews with the inmates and staff verify that they received the PREA training. PREA Posters were displayed throughout the facility in prominent areas with phone numbers to call to report abuse. The facility inmate handbook covers the PREA information as well. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

Investigators have received specialized training presented by Tim Bambord, NP and Nicole Anchor, Legal Counsel for CT DOC and Kim Weir, as Director of Security for CT DOC using material from the Moss Group and the PREA Resource Center entitled "Investigating Sexual Abuse in Confinement." This was verified through staff interviews, a review of the PowerPoint presentation, which included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action. Training records and sign in sheets indicate training was conducted and attended. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the

relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

Governing policies are; CT DOC Administrative Directive 8.6, “Credentials for Health Services Staff,” section 6 “Training Of Health Services Staff” mandates that all Health Service staff who have contact with inmates shall be trained on their responsibilities. Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 9 (b), “Staff Training” and CT DOC Administrative Directive 2.7 “Training and Staff Development”, section 8 (c), “In-Service Training”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 9 (b), “Staff Training” mandate that all Healthcare Practitioners shall receive additional PREA related training specific to their areas of responsibility. All medical and mental health staff has received specialized training presented by NIC “PREA for Medical Staff,” “Module 1 and 2.” Required training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. HCC had fifty four medical health care staff that received this training this year, which represents one hundred percent compliance. Medical staff assigned to HCC does not conduct forensic examinations. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

All inmates are assessed during intake screening for their risk of being sexually abused by or sexually abusive towards other inmates. As stated in CT DOC Administrative Directive 9.3, “Inmate Admissions, Transfers and Discharges”, section 7 (a)-3, “PREA

Screening of Inmates Transferred Between Facilities”, all intake screening is conducted within 72 hours of arrival. Review of random files shows this practice is incorporated into normal routine. During the audit the documentation of the screenings and the instruments used were reviewed. CT DOC form CN9306 “Inmate Intake Form” and HR001, “Intake Screening Form”, Attachment B contain all questions required by the standard including; whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate’s own perception of vulnerability; and whether the inmate is detained solely for civil immigration purposes. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. Per HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 11, “Screening for Risk of Victimization and Abusiveness”, (b) “After Intake to the Facility”, each inmate’s risk of victimization or abusiveness will be reassessed twenty one calendar days following his arrival at the facility based upon any additional, relevant information received by the facility since the intake screening. Use of screening information is governed by HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 11-C, “Use of Screening Information”, and Section 11-D “Transgender and Intersex Inmates” controls all screening information by limiting access to the inmate’s master file, which is the only place that information is contained. Access to those files is restricted to counseling staff, supervisors and administrative personnel. During the previous twelve months there were five thousand ninety two inmates entering the facility, all of which were screened. The number of inmates that stayed longer than 30 days and were thus reassessed as per policy was one thousand eight hundred eighty. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

As mandated by CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 11(c), “Use of Screening Information” and Section 11 (d), “Transgender and Intersex Inmates”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 11(c),



“Use of Screening Information” and Section 11 (d), “Transgender and Intersex Inmates”; HCC makes individualized determinations about how to ensure the safety of each inmate using information from the risk screening in order to make informed decisions in the matters of housing, work, education, and program assignments, the goal being to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Section 11 (d) of those same directives mandates that, in making other housing and programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems. Also mandated in that same section is the requirement that placement and programming assignments for each transgender or intersex inmate will be reassessed at least twice each year to review any threats to safety experienced by the inmate. There were no identified transgender or intersex inmates, thus there was no documentation for review purposes. Screening form, CT DOC form CN9306 “Inmate Intake Form” and HR001, “Intake Screening Form”, Attachment B are used to document a transgender or intersex inmate’s own views with respect to his or her own safety and those views are given serious consideration. At the time of the audit there were no bisexual inmates housed at the Hartford CC. There are no dedicated facilities, units, or wings used to house lesbian, gay, bisexual, transgender, or intersex inmates on the sole basis of such identification or status. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

There have been no incidents involving use of Involuntary Protective Housing. Governing policy is CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11 “Screening for Risk of Victimization and Abusiveness” (a) “Intake Into The Facility” 1-3 and HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 11 “Screening for Risk of Victimization and Abusiveness” (a) “Intake Into The Facility” 1-3. Review of policy shows that policy dictates that inmates at high risk for sexual victimization will not be placed in involuntary restricted 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 HCC cannot conduct such an assessment immediately, they may hold the inmate in involuntary segregated housing on Administrative Detention status per CT DOC Administrative Directive 9.4, “Restrictive Status” for less than 24 hours while completing the alternative

housing assessment. Inmates placed in restrictive housing for this purpose are permitted access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility documents the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. The facility assigns such inmates to involuntary restrictive housing on Administrative Detention status only until an alternative means of separation from likely abusers can be arranged. Such an assignment will not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made, the facility documents the basis for the facility's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged. Every 30 days, the facility reviews the case in order to determine whether there is a continuing need for separation from the general population. All of the above is promulgated via the quoted directives. There have been no incidents involving use of Involuntary Protective Housing for these purposes at HCC. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

Inmates housed at the HCC have multiple internal ways to make a private report of sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, including verbally to staff and in writing through formal inmate correspondence. HCC also provides several ways for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request by calling one or both anonymous reporting hotlines (one for external CT DOC and one external to Connecticut State Police). Staff and third parties may also utilize a hotline to report an allegation privately. Interviews with staff indicate they are well aware that they must accept all reports and they are responsible for reporting them promptly and subsequently documenting them via incident report. Governing policy is CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12 "Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment" and section 13 "Staff Monitoring and Intervention", HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 12 "Inmate and Third Party Reporting of Sexual

Abuse and Sexual Harassment” and section 10 “Inmate Education”; PREA Posters, Inmate Handbook, Staff Training Modules HREL 408 A Power Point presentation. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

HCC is exempt from this standard as their Grievance Policy excludes PREA incidents from the grievance procedure by way of omission, in that, it is not one of the specifically authorized subjects which may be grieved. Governing policy is CT DOC Administrative Directive 9.6 “Inmate Administrative Remedies”, Section 4 “Administrative Remedies” (a) “Inmate Grievance Procedure”. HCC is determined to be “Not Applicable” with this standard.

---

### **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)

Standard Is Not Applicable

HCC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The CT DOC and the Connecticut Sexual Assault Crisis Services (CONNSACS) have each signed an MOU to assure a unified effort to provide inmates with confidential emotional support service related to sexual violence. The HCC community victim service provider may be one of twelve regional offices that provide for confidential reporting and outside confidential support services to include hospital accompaniment for a Sexual Assault Forensic Exam. HCC enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible by providing toll free, unmonitored telephonic communication and mailing addresses of those local victim advocacy and rape crisis organizations. CONNSACS also provides, upon request, outside confidential support services to include hospital accompaniment for a Sexual Assault Forensic Exam.

Interviews with inmates indicated most were aware of these outside support services. Those that were not aware of this specific agency were nevertheless aware that such agencies did exist and could be reached. Governing policy includes CONNSACS MOU, CT DOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, “Inmate Education,” and Section 13(b) “Supervisory Action”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 10, “Inmate Education,” and Section 13(b) “Supervisory Action”; PREA Posters, and the Inmate Handbook on page seven. CONNSACS staff was unresponsive to attempts by this auditor to interview them or to obtain information pertaining to reports and services. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

The governing policy for implementation of this standard is CT DOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, “Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment,” and HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 12, “Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment”. CT DOC and HCC provide a PREA Hotline toll free at 770-743-7783 for third party reports of sexual abuse and harassment, said number being posted and available on the CT DOC website <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868>. Most inmates interviewed indicated an awareness of third party reporting ability and hotline numbers (Internal toll free CT DOC hotline \*9222# and External toll free CTCSP hotline \*9333#). These numbers are also published in the Inmate Handbook as well as on posters throughout the facility in all inmate accessible areas. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

## **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)

Standard Is Not Applicable

HCC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Governing policy is, CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 "Staff Monitoring and Intervention", HCC Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 "Staff Monitoring and Intervention", Staff Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. Staff is also prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in applicable directives, to make treatment, investigation, and other security and management decisions. The obligation of medical and mental health practitioners to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services is incorporated in CMHC Policy B5.01 "Response to Sexual Abuse." HCC does not accept inmates under the age of 18. HCC reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the CT DOC PREA unit for investigation as mandated by the governing policy noted above and in conjunction with CT DOC Administrative Directive 6.6, "Reporting of Incidents." Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

## **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)

Standard Is Not Applicable

Governing policy includes CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11 "Screening For

Risk of Victimization and Abusiveness", CT DOC Administrative Directive 9.3 "Inmate Admissions, Transfers and Discharges", Section 5-J "PREA Screening of Newly Admitted Inmates"; CT DOC Administrative Directive 6.6 "Reporting of Incidents", Section 5-S "Class 1 Incidents", CT DOC Administrative Directive 9.9 "Protective Management", Section 6 "Determination of Substantial Risk" and Section 8 "Alternative Placements"; HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11 "Screening For Risk of Victimization and Abusiveness"; Form "HR001", P4, Part 3 "PREA Screening", Staff Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. All staffs are required to take immediate action to protect any inmate(s), which they determine to be at substantial risk of imminent sexual abuse. Interviews with employees demonstrated they are familiar with their required actions and obligation to keep inmates safe. At Hartford CC, there was one incident requiring staff to exercise their obligations under this standard during the past twelve months. That inmate was given a housing change which placed him in a specialized unit with fewer inmates and limited interaction with general population. He was re-evaluated five days later and returned to general population. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 13 "Staff Monitoring and Intervention"; HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 13 "Staff Monitoring and Intervention"; CT DOC "Memo To All Staff, Reporting to Other Confinement Facilities". The policy at HCC is consistent with PREA Standard 115.63. Should an inmate allege that he was sexually abused while confined at another facility the Warden of HCC will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within seventy-two hours if not immediately upon receiving the report. The Warden will document that notification via incident report. In the event that the Warden of HCC is notified of such an allegation being made regarding an incident at the HCC, that allegation shall be investigated immediately. There were three incidents which resulted in notification of other facilities by the HCC Warden during the reporting period. Documentation via incident report was obtained and reviewed. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant

review period. HCC is determined to be “Meets Standard” for this standard.

---

**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)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 “Staff Monitoring and Intervention”; HCC Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, section 13 “Staff Monitoring and Intervention”; Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. Staff first responders for allegations of sexual abuse are trained to meet the following mandates: upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The number of allegations that an inmate was sexually abused that were first reported directly to a custody staff was twenty two. One of those incidents occurred within a time frame that allowed for the collection of physical evidence. That inmate was sent to UCONN Medical Center for SAFE/SANE exam. Review of the associated incident reports for those incidents showed all aspects of the standards were met. Those inmates were offered support services and follow-up treatment. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 “Staff Monitoring and Intervention”; HCC Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 “Staff Monitoring and Intervention” section a “Staff Action”, section b “Supervisory Action”, section c “Medical Staff Action”; Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. HCC also promulgates a “PREA Incident Checklist”, form CN 61201 designed to guide staff through the required actions of an active PREA incident. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

HCC collective bargaining activities are negotiated at the Agency level. There are no current agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any new collective bargaining agreements since August 20, 2012. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---



## 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)

Standard Is Not Applicable

The agency has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and has designated a staff member charged with monitoring retaliation. Governing policy includes, CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 18 "Post Allegation Protection of Inmates and Staff From Retaliation"; HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 18 "Post Allegation Protection of Inmates and Staff From Retaliation"; Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. The facility Deputy Warden monitors for possible retaliation within the facility and reports to the Agency PREA Coordinator any violations of this policy. Monitoring includes coordination between the HCC PREA Liaison and Inmate Discipline Investigators, Intelligence Officers, Phone Monitors and assigned Counselor for inmates and Supervisors, Post Rosters, and access to training for staff members. For at least 90 days following a report of sexual abuse, the HCC Retaliation Monitor will monitor any known staff and/or inmates who have reported alleged sexual abuse, 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 any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff, said monitoring possibly including face to face meetings with the staff and/or inmates. The HCC Retaliation Monitor acts promptly to remedy any such retaliation. The HCC Retaliation Monitor continues the 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 HCC Retaliation Monitor recommends appropriate actions (if any) to protect the individual against retaliation. The HCC Retaliation Monitor's obligation to monitor terminates if an investigation determines that the allegation is unfounded. Monitoring is not limited in duration other than by necessity. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

## **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)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 18 "Post Allegation Protection of Inmates and Staff From Retaliation" and Section 11 "Screening for Risk of Victimization and Abusiveness" (a) "Intake Into The Facility"; HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 11 "Screening for Risk of Victimization and Abusiveness" (a) "Intake Into The Facility" and section 18 "Post Allegation Protection of Inmates and Staff From Retaliation", Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. The agency prohibits the involuntary placement into segregated housing for inmates who allege to have suffered sexual abuse unless no other alternative housing is available to the extent necessary to protect the inmate from likely abusers. Furthermore, the policy states that if the facility cannot perform such an alternative housing assignment, that the involuntary housing shall not exceed thirty days during which time the inmate shall have access to programs, privileges, education and work opportunities. At Hartford CC, there have been no incidents involving use of Involuntary Protective Housing. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

## **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)

Standard Is Not Applicable

Governing policy includes CT DOC Administrative Directive 1.10 "Investigations" Section 4 "Criminal Investigations" and section 8 "PREA Unit Investigations"; CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 16 "Investigation of Sexual Abuse/Sexual Harassment"; HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 16 "Investigation of Sexual Abuse/Sexual Harassment". The agency policy states and interview of the HCC PREA Compliance Manager confirms that upon receipt

or discovery of an allegation or sexual abuse incident, at a minimum, a supervisor shall promptly review both direct and circumstantial evidence, interview all alleged victims or suspected perpetrators, and report the matter to the Connecticut State Police to determine the necessity of a criminal investigation including third-party and anonymous reports. The agency PREA investigators have received specialized training presented by Tim Bambord, NP and Nicole Anchor, Legal Counsel for CT DOC and Kim Weir, as Director of Security for CT DOC entitled, "Investigating Sexual Abuse in Confinement" which included evidence preservation, reporting, and handling incidents of sexual abuse. Furthermore, the agency policy requires that all reports be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Based upon interviews with staff, investigators and administrators as well as review of pertinent policies and cases, HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

Governing policy includes, CT DOC Administrative Directive 1.10 "Investigations" Section 3(k) "Preponderance of Evidence" and Section 6(b) "Conduct of Investigation." Agency policy requires no standard higher than a preponderance of the evidence as the standard of proof in determining whether allegations of abuse or harassment are substantiated. Interviews with agency investigators demonstrated their awareness of this policy. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

Governing policies are CT DOC Administrative Directive 1.10 "Investigations", Section 8(g) "Reporting To Inmates"; CT DOC Administrative Directive 6.12 "Inmate Sexual

Abuse/Sexual Harassment Prevention and Intervention”, section 17 “Reporting To Inmates Making an Allegation of Sexual Abuse”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, section 17 “Reporting To Inmates Making an Allegation of Sexual Abuse.” HCC had no allegations of harassment reported and twenty two of abuse. Nineteen notification letters were sent out; three cases remain open and pending. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

Governing policies are CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21 “Disciplinary Sanctions”; CT DOC Administrative Directive 2.6 “Employee Discipline” Section 10 “Offenses Resulting in Dismissal”; CT DOC Administrative Directive 2.17 “Employee Conduct”, Section 6 “Staff Discipline”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21 “Disciplinary Sanctions” sub-section (a) “Staff Discipline”. All standard requirements are embodied with these policies. There were no staff related allegations. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

Governing policies are CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21(b) “Corrective Action For Contractors and Volunteers”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21(b) “Corrective

Action For Contractors and Volunteers.” All standard requirements are embodied within these policies. No volunteers were available for interview. There have been no incidents of misconduct or allegations of such against a volunteer or contractor at Hartford CC. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

Governing policies are CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21(c) “Inmate Discipline”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 21(c) “Inmate Discipline”; CT DOC Administrative Directive 9.5 “Code of Penal Discipline” Section 12(bb) “Sexual Misconduct”; CT DOC Administrative Directive 4.2A “Risk Reduction Earned Credit”, Attachment B “Risk Reduction Earned Credit Rules.” The policy lists Sexual Assault as a Class A offense which subjects an inmate to possible sanctions of Punitive Segregation up to 15 days, forfeiture of Good Time (maximum ten days) and/or RREC (maximum 90 days loss of sentence credit) and two other penalties as stipulated under Section 10(e) of the Code of Penal Discipline. The HCC has had no inmates that incurred disciplinary sanctions because of engaging in inmate-on-inmate sexual abuse during the reporting period. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

Governing policy is CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 11 “Screening for Risk

of Sexual Victimization and Abusiveness” and CT DOC Administrative Directive 8.5 “Mental Health Services”, Section 4 “Intake Screening”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 11 “Screening for Risk of Sexual Victimization and Abusiveness”; Policy indicates inmates are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk screening. Thirteen inmates in the past twelve months at HCC indicated during the Behavior/Mental Health Screening a history of sexual-victimization and fourteen inmates indicated a history of predation. All were offered mental health evaluations and follow up treatment. This information would be shared for the purpose of housing, programming, and work assignments, thus allowing this standard to be met. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

Governing policy is CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 13(c) “Medical Staff Action”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 13(c) “Medical Staff Action”; CMHC “Policy B5.01” and “UConn CMHC PREA Emergency Medical and Mental Health Treatment Services Policy”, all of which state that treatment services relative to sexual abuse shall be provided to the victim without final cost regardless of whether the victim cooperates with the subsequent investigation or not. Interviews with Medical and Mental Health staff confirm compliance with this standard. There was one instance of an inmate availing himself of these services during the reporting period as a result of an allegation of penetration and no charges were incurred for that service. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

CT DOC policy is compliant with this standard; Governing policy is CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 13(c) "Medical Staff Action"; HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" section 13(c) "Medical Staff Action"; UCCMHC "Policy B5.01." CT DOC has an MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) to provide offenders with confidential victim advocacy and emotional support services related to sexual violence. Sections 115.83 d & e do not apply to HCC as only male inmates are housed there. CT DOC dictates all medical and mental health services related to sexual abuse will be provided at no cost to the inmate. HCC conducts a mental health evaluation of all known inmate on inmate abusers within sixty days of learning of such abuse history and offers appropriate treatment as determined to be necessary by Mental Health staff. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be "Meets Standard" for this standard.

---

### **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)

Standard Is Not Applicable

CT DOC governing policy is CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 22 "Review By Facility of Sexual Abuse Incidents" and HCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" section 22 "Review By Facility of Sexual Abuse Incidents" which provides that all sexual abuse incident reviews are conducted by the appropriate staff within 30 days following the completion of an investigation for all allegations determined to be substantiated or unsubstantiated. There were twenty two incident reviews conducted during the prior twelve months. Three sample reviews were perused by the auditors and all substantive aspects of the standard were covered.

The reviewing committee for sexual abuse incident reviews consists of the HCC PREA Compliance Manager, Shift Commander, Medical/Mental Health staff, and the Warden. The review committee considers all required elements. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 3 “Definitions and Acronyms”, Section 23(a) “Internal Reporting”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 3 “Definitions and Acronyms”, Section 23(a) “Internal Reporting”; and USDOJ SSV-IA are the governing policies, dictating the collection of accurate uniform data for every allegation of sexual abuse at all facilities to include facilities that have contracts for the confinement of CT DOC offenders. The CT DOC provided auditors with documentation demonstrating all appropriate data is being collected. There had been no previous audits for comparison purposes. DOJ has not made any prior requests for data. The CT DOC PREA Coordinator works closely with the HCC PREA Compliance Manager to maintain, review, and collect all necessary data; the CT DOC PREA Coordinator stores this data electronically. Responses during interviews with PREA Coordinator and PREA Compliance Manager are consistent and indicate compliance with standard. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

The CT DOC reviews the data collected to assess the effectiveness of its sexual abuse



prevention, detection, and response policies. Governing policy is CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 23(c) “Tracking”; HCC Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 23(c) “Tracking.” Any areas identified as deficiencies or areas that will improve the effectiveness of the sexual abuse prevention, detection, or response policies are addressed. The CT DOC publishes an annual report that will compare data from the previous year(s) in order to assess progress and address concerns. This is the first year for which data was collected, thus there are no comparison figures available. These reports are reviewed and approved by the CT DOC Commissioner and are available on the CT DOC website located at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868>. There are no personal identifiers contained in the annual report available on the website. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---

### **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)

Standard Is Not Applicable

Standard requirements are included in CT DOC Administrative Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 23(a) “Internal Reporting” and Section 23(c) “Tracking” and “Records Retention Schedule,” State of Connecticut State Library, Office of the Public Records Administrator, form RC-050. All PREA Data is kept a minimum of 10 years after the date of initial collection. Annual reports pertaining to this data are available on the CT DOC website with all identifying information removed prior to publication. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that HCC achieves substantial compliance in all material ways with the standard for the relevant review period. HCC is determined to be “Meets Standard” for this standard.

---


**AUDITOR CERTIFICATION**

I certify that:

The contents of this report are accurate to the best of my knowledge.

No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

  
\_\_\_\_\_  
Auditor Signature

11 December 2015  
\_\_\_\_\_  
Date