

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Manson Youth Institution
Physical address: 42 Jarvis Street, Cheshire, CT 06410
Date report submitted: 15 May 2015

Auditor Information

Address: 123 Farmington Ave. Suite 117, Bristol, CT 06010
Email: WCSparks@SparksSecurityCT.com
Telephone number: (860) 841-0416
Date of facility visit: 13 - 14 April 2015

Facility Information

Facility mailing address: 42 Jarvis Street
Cheshire, CT 06410

Telephone number: (203) 806-2500
The facility is: Military County Federal
 Private for profit Municipal State
 Private not for profit
Facility Type: Jail Prison

Name of PREA Compliance Manager: Danielle Borges **Title:** Deputy Warden
Email address: Danielle.Borges@ct.gov (203) 806-2500

Agency Information

Name of agency: State of Connecticut, Department of Correction
Governing authority or parent agency: State of Connecticut

Physical address: 24 Wolcott Hill Road Wethersfield, CT 06109
Mailing address: (if different from above) SAA

Telephone number: 860-692-7480

Agency Chief Executive Officer

Name: Scott Semple **Title:** Commissioner
Email address: Scott.Semple@ct.gov **Telephone number:** 860-692-7480

Agency-Wide PREA Coordinator

Name: David McNeil **Title:** PREA Director
Email address: David.McNeil@ct.gov **Telephone number:** 203-250-8136

AUDIT FINDINGS

NARRATIVE:

A PREA Audit was conducted at the State of Connecticut, Department of Correction, Manson Youth Institution, Cheshire, CT on 13 and 14 April, 2015. Prior to the physical on-site audit of MYI, interviews were conducted at the Central Office of the Connecticut Department of Correction. Interviewed were Deputy Commissioners 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. During the sixty days prior to the audit, a comprehensive review was conducted of both Agency and Facility policy and procedures.

On 13 April, 2015, the day began with introductions in the Warden's office. CT DOC District Administrator Angel Quiros, PREA Coordinator Dave McNeil, MYI Warden John Alves, MYI Compliance Manager Deputy Warden Danielle Borges and several intermediate level supervisors were in attendance. After introductions, MYI Warden John Alves led a tour of the entire facility.

An MYI inmate listing showing all inmates was furnished. There were no inmates that identified as other than heterosexual. There were eight alleged incidents of sexual abuse. There were also three incidents of alleged sexual harassment. Each of those inmates still present in the facility was interviewed. Rosters of staff assignments for each shift were furnished to enable selection of staff to interview.

Twenty-five random inmates were selected for interviews with at least one from each housing unit. Six of the twenty-five were youthful inmates. Interviews were conducted with the Warden, Deputy Warden/Compliance Manager, three intermediate supervisors, two intake screening officers, one mental health staff person, seven random staff members representing all three shifts, one retaliation monitor, two incident review team member, one education teacher, three random staff that supervise youthful inmates, and one RHU staff member. The medical and mental health staffs at the facility are contracted through UMHC (University of Connecticut Managed Health Care).

MYI 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:

GENERAL INFORMATION:



The Manson Youth Institution is a level 4 high-security facility. It serves as the Department's primary location for housing sentenced inmates under the age of 21. Recognizing the need to educate youth, staff provide a climate, which enhances inmate social skills, while reinforcing ethics, attitude, and behavior valued by productive law-abiding citizens.

The Manson Youth Institution houses male offenders ranging in age from 14 to 21 in ten separate buildings, each with three wings containing 12 cells, a day room, counselor offices, and mini kitchen. As the states' only facility for male youth, it houses chronic disciplinary inmates, close custody program, mental health, high security and general population inmates who are involved in a wide variety of programs including educational, vocational and addiction services.

In response to an increase in young population, a youthful offender-mentoring program was established. Emphasis is placed on development of positive peer relationships, understanding criminal culture, substance abuse, basic life skills, employment counseling and release planning.

The facility is named in honor of John R. Manson, the Department's second Commissioner who served from 1971-1983. He also served as Deputy Commissioner from 1968-1971.

Present staffing: 342

HISTORY

The Manson Youth Institution formerly known as the Cheshire Youth Institution opened on October 12, 1982 as a level 4 facility with a population of 360 male offenders, ages 16 to 21 situated on 76 acres.

On September 17, 1985, the facility was rededicated as the John R. Manson Youth Institution in honor of the late Commissioner John R. Manson.

In January of 1986, the facility saw a beginning of doubling of cells, completed on December 1, 1988.

In 1994 a 155,000 square foot H.E.T. (Health Education & Training) building opened, containing 22 classrooms, a library, vocational education programming, a full-sized gymnasium, a chapel, mental health and medical facilities, a full production kitchen, a laundry and a warehouse.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	0
Number of standards met:	42
Number of standards not met:	0
Number of standards not applicable:	1

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)

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 02 Nov 14; MYI 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 Danielle Borges's appointment as PREA Compliance Manager for the Manson Youth Institution was effective March 2015. Deputy Warden Danielle Borges reports to Warden John Alves. Both stated that they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the areas of their responsibility. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in that it complies in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

The MYI 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. MYI, 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)

Not Applicable

The CT DOC ensures that the MYI 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 02 Nov 14; CT DOC Administrative Directive 2.15 “Custodial Staff Deployment” Section 5 “Staffing Plan” and MYI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 4, “Staffing Plan”. The MYI 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 (including “blind-spots” or areas where staff or inmates may be isolated) are considered during development of the staffing plan as evidenced by minutes from staffing plan meetings and requests for additional resources submitted to the Department of Administrative Services. MYI provided documentation of staffing plan meetings in the form of minutes from the 28 January 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 the MYI Post Plan. General post orders and logs showing unannounced rounds were also submitted for review. The totality of the documentation demonstrates that the MYI 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 as documented in supplied incident reports which also explained the reasoning therefore. Reasons for deviation in order of prevalence were; position vacancies, vacation time, sick time, worker’s compensation, and personal leave. 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

Manson Youth Institution accepts inmates between the ages of 14 and 21 years of age. At the time of the audit there were no inmates being housed under the age of sixteen. Inmates below the age of 18 are housed in two separate housing units separated from all other units. Governing policies are as follows; Connecticut Department of Correction Administrative Directive 9.2, "Offender Classification", Section 7, "Admissions and Assessment", section E, "Juvenile Offenders"; Manson Youth Institution Unit Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment, Prevention, and Intervention", Section 13, "Staff Monitoring and Intervention"; Manson Youth Institution Policy Number 1.15, "PREA Policy", Section 4, "Staff Monitoring and Intervention". There are no shared dayrooms, shower areas, sleeping quarters or other common spaces connected with the youth housing units, thus sight and sound separation between youthful inmates and adult inmates is maintained in those areas. In areas outside of housing units, youthful inmates may have sight, sound, or physical contact between themselves and adult inmates; however, there is always direct staff supervision during those occasions. Those occasions would only occur during movement from the housing units to education areas, medical areas, or to religious services. Vocational opportunities are available to youthful inmates, however not until such time as statutory educational mandates as promulgated in CGS 10-184 and 10-186 have been satisfied. Having two dedicated housing units for youthful inmates, Manson Youth Institution is able to avoid placing youthful inmates in isolation to comply with this provision. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI is determined to be "Meets Standard" 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)

Not Applicable

The MYI officers are permitted to conduct cross gender strip searches per CT DOC and MYI 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”; MYI 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. MYI is an all-male facility and does not house female inmates, making 115.15 (b) non-applicable. When cross gender staffs are on the housing units, there is an announcement made of opposite gender staff being on the unit. It was evident from the tour and offender and staff interviews that these announcements are being made routinely. Said announcements are logged in logbooks on 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 MYI 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 MYI employees was reviewed to confirm training was attended. Trained staff equaled sixty three percent. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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"; MYI 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; and contracts 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. PREA handouts and inmate handbooks are in English and Spanish. 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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. MYI 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 further shows that one hundred fourteen volunteers and/or contractors have had criminal background checks completed. All employees with over five year's seniority have had their criminal background check completed again. The agency has become compliant with this standard as of 26 Sept. 2014. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

A review of their staffing plan addresses the enhancement through cameras. The facility has identified blind spots and submitted requests for approval to acquire cameras and/or mirrors. Additional equipment requests are pending at the time of this report. None of the identified blind spots was so egregious as to result in a finding of noncompliance. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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 MYI Unit Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 15, "Evidence Protocol/Securing the Area"; MYI Policy Number 1.5, "PREA Policy", section 5, "Staff Monitoring and Intervention", section E "Evidence Protocol" 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 in Hartford, CT or UCONN Medical Center in Farmington, CT as their primary provider where SAFE/SANES staff is 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 were no forensic medical examinations during this reporting period. 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 Crises 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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", MYI 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. There were eleven allegations of sexual abuse/harassment. All eleven were referred for investigation in accordance with policy and in a manner compliant with the standard. Two of those allegations are still pending, two (one harassment, one non-consensual sex act) were substantiated, three were determined unsubstantiated, four were determined unfounded. No staff were involved, no cases were prosecuted. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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 MYI. 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"; MYI 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 342 staff (officers, supervisors, support staff) which equaled 100%. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

The CT DOC and MYI ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the CT DOC and MYI 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"; MYI 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 (114) 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. MYI has conducted background checks on one hundred fourteen potential contractors and volunteers during the past twelve months. Contractors do not have unescorted access to the facility or the inmates. MYI 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

All inmates receive information explaining the CT DOC and MYI 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 7 (a)-3, “PREA Screening of 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”; MYI 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. MYI documentation shows that one thousand one hundred thirty six (1136) inmates participated in these education sessions during the past twelve months, documentation is maintained in the form of an acknowledgement sign-off sheet maintained in the inmate's master file. 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

Investigators have received specialized training presented by Tim Bambord, NP and Nicole Anchor, Legal Counsel for CT DOC and Kim Alves , 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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"; MYI 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. MYI had sixty four (64) medical health care staff that received this training this year, which represents one hundred percent compliance. Medical staff assigned to MYI does not conduct forensic examinations. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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 CN9306/1 "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 MYI 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 on or about the twenty first (21) day 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 MYI 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 central 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 one thousand one hundred thirty six (1136) inmates entering the facility. The number of inmates that stayed longer than 30 days and were thus reassessed as per policy was seven hundred fifty two (762). Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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”; MYI 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”; MYI 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 shall 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. Screening form, CT DOC form CN9306/1 “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 inmates identified as being gay or bisexual being housed at the MYI. 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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 MYI 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 shall

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 MYI 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 shall have 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 shall document the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. The facility shall assign such inmates to 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 a period of 30 days. If an involuntary restrictive housing assignment is made, the facility shall document 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 shall determine whether there is a continuing need for separation from the general population. There have been no incidents involving use of Involuntary Protective Housing for these purposes at MYI. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

Inmates housed at the MYI have multiple internal ways to privately report sexual abuse and 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. MYI 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", MYI 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 13 "Staff Monitoring and Intervention""; MYI Policy Number 1.15 "PREA Policy" Section 4 "Investigations"; 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

MYI 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 spMYIfically 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". MYI 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)

Not Applicable

MYI 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 MYI 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. MYI 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 still 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"; MYI 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. 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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 MYI 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 MYI 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

MYI 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”, MYI 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 UCCMHC Policy B5.01 “Response to Sexual Abuse.” MYI 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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”; MYI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention”, Section 11 “Screening For Risk of Victimization and Abusiveness”, MYI Unit Directive 9.3 “Inmate Admissions, Transfers and Discharges”, Section 5-J “PREA Screening of Newly Admitted Inmates”; 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 MYI, there have been no incidents requiring staff to exercise their obligations under this standard. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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”; MYI 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 MYI is consistent with PREA Standard 115.63. Should an inmate allege that he was sexually abused while confined at another facility the Warden of MYI will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred immediately upon receiving the report. The Warden will document that notification via incident report. In the event that the Warden of MYI is notified of such an allegation being made regarding an incident at the MYI, that allegation shall be investigated immediately. There have been six incidents requiring such notification during the reporting period. Review of documentation indicated that all former facility administrators were notified in accordance with applicable policy and standards. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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”; MYI 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. Based upon the incident reports and interviews conducted with staff and inmates, there were no lapses in response protocols. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

MYI has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health

practitioners, investigators, and facility leadership. Governing policy includes, CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 “Staff Monitoring and Intervention”; MYI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 “Staff Monitoring and Intervention”; MYI Policy Number 1.15, “PREA Policy”; Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. MYI’s written policy dictates and coordinates the actions to be taken by first responders, supervisory staff, medical and mental health staff, and investigators in response to an incident of sexual abuse. All staff interviewed indicated an awareness of their responsibilities in order to produce a coordinated response for sexual assaults. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

MYI 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 has not been any collective bargaining agreements entered into since August 20, 2012. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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"; MYI 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 PREA Compliance Manager/Liaison monitors for possible retaliation within the facility and reports to the Agency PREA Coordinator any violations of this policy. Monitoring includes coordination between the MYI 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. No inmate or staff should be retaliated against for reporting inmate sexual abuse or inmate sexual harassment. For at least 90 days following a report of sexual abuse, the MYI PREA Liaison monitors 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 MYI PREA Liaison acts promptly to remedy any such retaliation. The MYI PREA Liaison shall continue 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 MYI PREA Liaison shall recommend appropriate actions (if any) to protect the individual against retaliation. The MYI PREA Liaison'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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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"; MYI Unit 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", 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 MYI, 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

Governing policy includes CT DOC Administrative Directive 1.10 “Investigations” Section 4 “Criminal Investigations” and Section 8 “PREA Unit Investigations.” The agency policy states and interview of the MYI 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 Alves , 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, MYI is determined to be “Meets Standard” for this standard.

Standard 115.72 - **Evidentiary Standards 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)

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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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"; MYI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 17 "Reporting To Inmates Making an Allegation of Sexual Abuse." MYI had eleven allegations of abuse or harassment. Two of those investigations are still pending. The remainin nine allegations resulted in notifications being sent in compliance with the standard. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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"; MYI Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 21 "Disciplinary Sanctions." 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 MYI achieves substantial compliance in all material ways with the standard for the relevant

review period. MYI 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)

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"; MYI 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 MYI. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

Not Applicable

Governing policies are CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 21(c) "Inmate Discipline"; MYI 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 MYI has had one inmate 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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"; MYI 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. Medical and mental health practitioners are required to 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. Eleven inmates in the past twelve months at MYI indicated during the Behavior/Mental Health Screening a history of sexual-victimization. One hundred percent of those inmates were offered a follow-up meeting with mental health staff within the required time period. 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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”; MYI Unit Directive 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 13(c) “Medical Staff Action”; UCCMHC “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 financial 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 were no instances of inmates requiring these services during the reporting period. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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”; MYI 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 MYI 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. MYI 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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 MYI 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 eleven PREA allegations at the facility during the previous year, each one followed by an “Incident Review”. The reviewing committee for sexual abuse incident reviews consists of the MYI PREA Compliance Manager, Shift Commander, Medical/Mental Health staff, and the Warden. The review committee considered all required elements. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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"; MYI 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. MYI aggregated data was being combined with CT DOC data, and is broken down by facility on the CT DOC web site. 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 MYI 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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”; MYI 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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI 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)

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 MYI achieves substantial compliance in all material ways with the standard for the relevant review period. MYI is determined to be “Meets Standard” for this standard.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

15 May 2015

Date