

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 12/31/2021

Auditor Information

Name: Sonya Love	Email: sonya.love57@outlook.com
Company Name: Diversified Consultant Services	
Mailing Address: P.O. Box 452	City, State, Zip: Blackshear, Georgia 31516
Telephone: Click or tap here to enter text.	Date of Facility Visit: Click or tap here to enter text.

Agency Information

Name of Agency Connecticut Department of Correction		Governing Authority or Parent Agency (If Applicable) State of Connecticut	
Physical Address: 24 Wolcott Rd.		City, State, Zip: Wethersfield, CT. 06109	
Mailing Address: 24 Wolcott Rd.		City, State, Zip: Wethersfield, CT. 06109	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.ct.gov/doc			

Agency Chief Executive Officer

Name: Commissioner Angel Quiros	
Email: Angel.Quiros@ct.gov	Telephone: 860-692-7482

Agency-Wide PREA Coordinator

Name: Director David McNeil	
Email: David.McNeil@ct.gov	Telephone: Click or tap here to enter text.
PREA Coordinator Reports to: Director of Security	Number of Compliance Managers who report to the PREA Coordinator: 14

Click or tap here to enter text.

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Facility Information

Name of Facility: Manson Youth Institution

Physical Address: 42 Jarvis Street

City, State, Zip: Cheshire, CT 06410

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://portal.ct.gov/DOC/Facility/Manson-YI>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
[Click or tap here to enter text.](#)

Facility Administrator/Warden/Director

Name: Derrick Molden

Email: Derrick.Molden@ct.gov

Telephone: 203-806-2501

Facility PREA Compliance Manager

Name: Rafal Matuszczak

Email:
Rafal.Matuszczak@ct.gov

Telephone: 203-806-2559

Facility Health Service Administrator N/A

Name: Louis Destefano	
Email: destefano@uchc.edu	Telephone: 203-806-2544
Facility Characteristics	
Designated Facility Capacity:	713
Current Population of Facility:	319
Average daily population for the past 12 months:	241
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	15-21 years old
Average length of stay or time under supervision	4.66 months
Facility security levels/resident custody levels	Overall 1=3, 2=14, 3=38, 4=250
Number of residents admitted to facility during the past 12 months	375
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	361
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	309
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text.

N/A

Number of staff currently employed by the facility who may have contact with residents:	296
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	11
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	11
Number of single resident cells, rooms, or other enclosures:	5 (A,B,I,J and Medical)
Number of multiple occupancy cells, rooms, or other enclosures:	10 (A-J)
Number of open bay/dorm housing units:	0

Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	36
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: IDOC) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that	<input type="checkbox"/> Local police department

apply (N/A if no external entities are responsible for administrative investigations)

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

Audit Findings

Audit Narrative

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

Overview

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Connecticut Manson Youth Institution located in Cheshire, Connecticut was conducted on September 20-21, 2021, by U.S. Department of Justice (DOJ) certified PREA Auditor, Sonya Love-Smith. The Auditor conducted an opening meeting, toured the entire facility, interviewed a randomized sample of staff and residents and reviewed PREA related staff and resident documentation. Upon completion of the audit process, a closing meeting was held with the administrative staff to discuss the audit process, preliminary findings, and the post-audit process. Employees at the facility were cooperative, and professional.

Pre-Audit Phase

On 4/26/2021, PREA Audit Notices in English and Spanish were provided to the facility to be posted. The Auditor observed the notices posted in the living units, at the main entrance, and in the visitation area. The notices were posted for eight weeks pre-audit and the Auditor did not receive any correspondence from residents prior to the on-site visit. Manson Youth Institution staff members were asked to complete the Pre-Audit Questionnaire (PAQ) also provided to the facility on . The completed PAQ and supporting documentation was received by the Auditor on . All documentation was reviewed by the Auditor including training logs, posters, brochures, agency administrative directives, related forms, organizational charts (internet search) and other PREA related documentation. The Auditor requested additional information including, but not limited to, staff rosters, resident rosters, investigations for review, residents self-identified as lesbian, gay, bisexual, transgender, or intersex (LGBTI), resident reports of sexual abuse/harassment, residents who were Limited English Proficient (LEP), and additional examples of the Manson Youth Institution screening instrument. These documents were provided and reviewed at the time of the audit.

Inmate Interviews

At the time of the audit there were 317 male inmates housed at Manson Youth Institution. A total of 30 male inmates were interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to access inmate's knowledge of PREA and the reporting mechanisms available to them.

Category of Inmates Interviewed	# Interviews Conducted
Random inmates	14
Targeted inmates	6
Youthful inmates	10
Total inmates interviewed	
Category of Inmates Interviewed	# Interviews Conducted
Inmates with a Physical Disability	0
Inmates who are Blind, Deaf, or Hard of Hearing	0
Inmates who are Limited English Proficient (LEP)	1
Inmates with a Cognitive Disability	0
Inmates who Identify as Lesbian, Gay, or Bisexual	3
Inmates who Identify as Transgender or Intersex	0
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse that occurred at the Facility	0
Inmates who Reported Sexual Victimization During Risk Screening	2

***Note: Inmates selected from various living units**

Category of Staff Interviewed	# Interviews Conducted
Random Staff	12
Specialized Staff	17
Total Staff Interviewed	29

Note: Selected from all shifts

Other staff interactions during the facility tour	# Interviews Conducted
Staff Interactions during the facility tour	4
Staff who refused to be interviewed	0
Total Staff Interviewed	4

Category of Specialized Staff Interviewed	# Interviews Conducted
Agency Contract Administrator	1
Intermediate or higher-level facility staff responsible for conducting an announced round to identify and deter staff sexual abuse and sexual harassment	1
Line staff who supervise youthful inmates, if any	1
Education staff who work with youthful inmates, if any	1

Program staff who work with youthful inmates, if any	1
Medical staff	1
Mental health staff	1
Administrative Director Human Resources	1
SAFE and SANE staff	1
Volunteers who have contact with inmates	0
Contractors who have contact with inmates	0
Investigative staff	2
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise inmates in segregated housing	1
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	1
Intake staff	1
Total Staff Interviewed	14

Facility Characteristics

The Manson Youth Institution, formerly known as the Cheshire Youth Institution, opened on October 12, 1982, with a population of 360 male offenders, ages 16-21. The facility, named in honor of John R. Manson who served as the Agency's second Commissioner from 1971-1983 and as its Associate Commissioner from 1968-1971, is the Department's primary location for housing sentenced inmates under the age of 21. The facility is a level 4 high-security facility and has ten separate buildings each with three wings containing 12 cells, day room, counselor offices and mini kitchen. In 1994 the Health Education & Training (H.E.T) building was opened containing 22 classrooms, library, vocational education programming, full-sized gymnasium, chapel, mental health and media facilities, full production kitchen, laundry, and warehouse. The facility is the state's 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. Manson places emphasis on development of positive peer relationships, understanding criminal culture, substance abuse, basic life skills, employment counseling and release planning.

Summary of Audit Findings

Overview

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

Standards Exceeded

Number of Standards Exceeded: Click or tap here to enter text.

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

Corrective Actions:

Standard 115.313: Supervision and monitoring

Manson revised the 2020 staffing plan to include the eleven point criteria outlined in Standard 115.313: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility provided the Auditor with a copy of the revision to the 2020 Manson Staffing Plan.

Standard 115.315: Limits to cross-gender viewing and searches

During the facility tour the Auditor determined cells located in the intake processing area cells equip with toilets were visible to all staff who passed through or worked in the waiting area to include opposite gender staff. As a corrective Manson corrected the problem by erecting a visible barrier to prevent opposite gender viewing of breast, buttocks, or genitalia. The facility provided the Auditor with a photo of a privacy screen erected to enhance privacy.

Standard 115.352: Exhaustion of administrative remedies

Manson will issue a Unit Directive outlining all provision of Standard 115.352. Manson will provide the Auditor with documented evidence of compliance with this standard. The Unit Directive will inform inmates that the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits, how to file an emergency grievance and the associated timeline, and

that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

Standard 115.388: Data review for corrective action

CDOC will complete an annual report as outlined in this standard. CDOC PREA Coordinator will provide the Auditor with a copy of the completed report for her records.

Standard 115.389: Data storage, publication, and destruction

The PREA Coordinator will make available all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website. CDOC will provide the Auditor with verification of all PREA audits completed to date. CDOC will submit a workorder ticket to CDOC MIS Department to upload all final PREA reports completed since 2018.

Standard 115.403: Audit contents and findings

114.403 (f) The PREA Coordinator indicated that CDOC has published on its website, all final reports. By examination, the Auditor determined that all final reports were not published on the CDOC website. This standard requires corrective action. The PREA Coordinator issued a ticket to the agency IT Department to have all final agency PREA reports published on the CDOC website. Because of the pandemic and staffing issues the work request remains in the cue for actions. CDOC will provide this Auditor with confirmation of the publishing of all final reports.

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? Yes No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19, and Connecticut Department of Correction, Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention address the requirements of Standard 115.311.

115.311 (a): CDOC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. By examination, the Auditor determined that Connecticut Department of Corrections, has a zero-tolerance policy against sexual abuse which mandates the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

115.311 (b): CDOC has employed or designated an agency wide Prison Rape Elimination Act (PREA) Coordinator. The designated agency PREA Coordinator is employed to ensure adherence to the Prison Rape elimination Act (PREA). The PREA Coordinator position is in the upper level of the agency hierarchy. During his interview the PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

115.311 (c) CDOC operates more than one facility, each facility has a designated a PREA Compliance Manager. Each CDOC facility has established a PREA Compliance Manager (PCM). The PCM reports to the facility Warden and consults with the agency PREA Coordinator (PC) related to the

implementation and compliance with all PREA standards. The PCM confirmed having sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PCM is assisted by a PREA Liaison Captain and a Lieutenant. The Associate Warden serves as the PREA Compliance Manager (PCM) at Manson Youth Institution.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the PREA Liaison Captain
- Interview with the PREA Liaison Lieutenant

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

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Manson Youth Institution does not contract with other entities for the confinement of its residents.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

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

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

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

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 4, “Staffing Plan”, dated 20 July 2015; CT DOC Administrative Directive 2.15 “Custodial Staff Deployment” Section 5 “Staffing Plan”; Connecticut Department of Correction, Administrative Directive 6.1, Tours and Inspections Section 4, “General Principles” and Section 5, “Tours, Inspections and Visits”; and Manson Youth Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 4, “Staffing Plan” collectively address the requirements of this Standard 115.313.

115.313 (a): The facility has a staffing plan. The documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. Problematic, in calculating adequate staffing levels and determining the need for video monitoring, the staffing plan does not provide evidence of taking into consideration: Generally accepted juvenile detention and correctional/secure residential practices, determining the need for video monitoring, any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, or any findings of inadequacy from internal or external oversight bodies. Further, the staffing plan omits taking into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated), the composition of the resident population, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse or any other factors.

115.313 (b) The agency mandates through administrative directive compliance with Standard 115.313, except during limited and discrete exigent circumstances. In circumstances where the staffing plan is not complied with, facilities are mandated to document all deviations from the plan.

115.313 (c) Manson Youth Institution is mandated a custody ratio of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances.

Manson Youth Institution is mandated a custody staff ratio of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. According to the PREA Coordinator and PCM, Manson fully documents any limited and discrete exigent circumstances during which the facility did not maintain staff ratios.

Manson Youth Institution is a secure juvenile facility. According to the PREA Coordinator and PCM all staff have been trained as custody officers and thus function in a primary role as a custody officer and function in secondary roles as educators.

According to the PREA Coordinator, Manson Youth Institutions is not obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph.

115.313 (d) The Auditor determined by examination that in the past 12 months, Manson Youth Institution omitted consulting with the agency PREA Coordinator, to assess, determine, and document whether adjustments are needed to: The staffing plan established pursuant to provision 115.313 (d). This standard requires corrective action.

The Auditor determined by examination that in the past 12 months, Manson Youth Institution omitted consulting with the agency PREA Coordinator, to assess, determine, and document whether adjustments are needed to: Prevailing staffing patterns.

The Auditor determined by examination that in the past 12 months, Manson Youth Institution omitted consulting with the agency PREA Coordinator, to assess, determine, and document whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies.

The Auditor determined by examination that in the past 12 months, Manson Youth Institution omitted consulting with the agency PREA Coordinator, to assess, determine, and document whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan.

115.313 (e) Manson Youth Institution has a Unit Directive (Manson Youth Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Section 4, "Staffing Plan") which mandates a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

By examination the Auditor determined that Manson Youth Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Section 4, "Staffing Plan," includes night shifts as well as day shifts. The directive prohibits staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 4, "Staffing Plan," dated 20 July 2015
3. Manson Youth Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Section 4, "Staffing Plan"
4. Interview with the PREA Coordinator
5. Interview with the PCM
6. Interview with the PREA Liaison Captain
7. Interview with the PREA Liaison Lieutenant

Corrective Action:

Manson revised the 2020 staffing plan to include the eleven point criteria outlined in Standard 115.313: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of

substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility provided the Auditor with a copy of the revision to the 2020 Manson Staffing Plan. Corrected

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Connecticut Department of Correction, Administrative Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 – 11; Connecticut Department of Correction, Manson Youth Institution Post Orders, dated March 3, 2017, Connecticut Department of Correction, Manson Youth Institution Post Orders, dated March 3, 2017, titled General Post Orders; Connecticut Department of Correction, Manson Youth Institution, Unit Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 – 11 and Connecticut Department of Correction, Manson Youth Institution, Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention collectively address Standard 115.315.

115.315 (a) According to the PCM, Manson Youth Institution always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. Interviews with custody staff also confirmed that Manson always refrains from conducting cross-gender visual cavity searches, except in exigent circumstances. Interviews with random and targeted inmates (100%) denied being cross-gender strip searches and cross-gender visual body cavity searched by opposite gender staff.

115.315 (b) According to the random staff sampled during the onsite portion of the audit, Manson Youth Institution always refrain from conducting cross-gender pat-down searches in non-exigent circumstances. Interviews with random and targeted inmates (100%) denied being cross-gender strip searches and cross-gender visual body cavity searched by opposite gender staff.

115.315 (c) Random staff interviewed (100%) confirmed a requirement to notify a supervisor prior to conducting any opposite gender search, justify the search and document the incident.

115.315 (d) CDOC and Manson Youth Institution has a Unit Directive (Manson Youth Institution, Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention) enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

CDOC and Manson Youth Institution has a Unit Directive (Manson Youth Institution, Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention) a policy and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Residents sampled during the audit acknowledged the ability to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Problematic, during the facility tour the Auditor determined cells located in the intake processing area cells equip with toilets were visible to all staff who passed through or worked in the waiting area to include opposite gender staff. As a corrective action, Manson corrected the problem by erecting a visible barrier to prevent opposite gender viewing of breast, buttocks, or genitalia.

CDOC and Manson Youth Institution requires staff of the opposite gender to announce their presence when entering a resident housing unit. Interviews with random and specialized staff all confirmed an agency mandate for opposite gender staff to announce their presence when entering a resident housing unit that houses residents of the opposite gender. During interviews with random and targeted residents 78% indicated hearing announcements by opposite gender staff, other residents indicated that did not hear announcements because of the noise levels as residents communicated by shouting, other residents from the same sample indicated that they were either asleep or in school.

115.315 (e) CDOC and Manson Youth Institution requires staff to always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. Interviews with random and specialized staff confirmed an understanding of the agency and facility prohibition of searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. Further, if a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

115.315 (f) CDOC and Manson Youth Institution trains all custody staff at the CDOC Academy in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. During this report period academy training confirmed four (4) new custody staff received training on how to conduct cross-gender searches and

training on how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Moreover, cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff interviewed indicated they received cross-gender pat search training during initial and annual training. During the past 12 months, the PCM and staff interviewed confirmed there were no exigent circumstances that required cross-gender viewing of a resident by a staff at Manson Youth Institution.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Connecticut Department of Correction Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” Section 4, “Staffing Plan,” dated 20 July 2015
- Manson Youth Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Section 4, “Staffing Plan”
- Interview with the PREA Coordinator
- Interview with the PCM
- Interview with the PREA Liaison Captain
- Interview with the PREA Unit Captain

Corrective Action:

During the facility tour the Auditor determined cells located in the intake processing area cells equip with toilets were visible to all staff who passed through or worked in the waiting area to include opposite gender staff. As a corrective Manson corrected the problem by erecting a visible barrier to prevent opposite gender viewing of breast, buttocks, or genitalia. The facility provided the Auditor with a photo of a privacy screen erected to enhance privacy. Corrected

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No

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

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10 – Inmate Education; Connecticut Department of Correction, Administrative Directive 10.19, Americans with Disabilities Act; Connecticut Department of Correction, Administrative Directive 10.12, Inmate Orientation; Connecticut Department of Correction, Administrative Directive 8.17, Gender Non-Confirming; and MCTSD Lesson Plan CSP 301-H Searching Technique collectively address the requirements in Standard 115.316.

115.316(a) CDOC takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents with limited reading skills, who are deaf or hard of hearing, blind, have low vision, with intellectual, psychiatric or speech disabilities.

Further, the agency partners with state and local organizations such as Deaf-Blind Association of Connecticut, the Deaf Blind Association and the Connecticut Department of Mental Health and Addictive Services (DMHAS) which run state-operated programs and service to ensure effective equity in services for the Deaf/DeafBlind/Hard of Hearing persons. Each DMHAS state-operated facility has a designated Deaf Hard of Hearing Program (DHOH), Program Director/Clinician/Manager/or staff interpreter to coordinate DHOH services. In the Department of Mental Health and Addiction Services, the Social Services Program Administration Manager has the responsibility for managing all DMHAS state-operated facilities DHOH Programs and Services. Further, charities and non-profit organizations in the community such as the Catholic Charities Institute for Hispanic Families, Hispanic Health Council Project Connect, Community Mental Health Affiliates-Latino/Latina Substance Abuse Program, Institute of the Hispanic Family/Hispanic Alcohol and Substance Abuse and the Connecticut Puerto Rican Forum provide services and programs.

115.316 (b) By examination the Auditor determined that CDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. Other appropriate steps include when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary or by employing an interpretive language line. Several documents were submitted to and reviewed by the Auditor such as PREA handouts, bulletin board postings, and an inmate handbook written in English and Spanish. Inmates who have intellectual or psychiatric disabilities are referred to mental health practitioners to evaluate the most appropriate method to deliver PREA education. According to inmates sampled during the audit, the resident orientation process includes oral review of facility rules and PREA education and viewing of a PREA video.

115.316 (c) CDOC/Manson Youth Institution refrains from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The Auditor sampled random and specialized staff, all denied relying on a resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. More, staff (random and specialized) interviewed were aware of the policy that, only under exigent circumstances, are inmate interpreters or assistants to be used when an inmate makes an allegation of sexual abuse or sexual harassment.

Random and targeted residents sampled confirmed receiving resident PREA education and facility rules in a language they understood or using an educational platform that was age appropriate. A review of orientation documentation and education acknowledgements, as well as staff and inmate interviews, all support a finding that Manson Youth Institution met the requirements for Standard 115.316.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10 – Inmate Education
3. Connecticut Department of Correction, Administrative Directive 10.12, Inmate Orientation
4. Connecticut Department of Correction, Administrative Directive 10.19, Americans with Disabilities Act
5. Connecticut Department of Correction, Administrative Directive 8.17, Gender Non-Confirming
6. MCTSD Lesson Plan CSP 301-H Searching Technique
7. CDOC PREA Poster English
8. CDOC PREA Poster Spanish
9. Manson Youth Institution Resident Handbook
10. Interpretation Services telephone numbers and instructions
11. Interviews with the following:
 - a. PREA Liaison Captain
 - b. Associate Warden, PREA Compliance Manager (PCM)

- c. Staff (Random and Specialized)
- d. Inmates (Random and Targeted)

12. State of Connecticut, Department of Mental Health and Addiction Services, Office of the Commissioner, Office of Multicultural Health Equity (OMHE), Deaf or Hard of Hearing Program, protocol to request DHOH interpretive services.

CODA Link Conn, Inc.

160 Batterson Dr., New Britain, CT 06053
Donna Fernandez, RID CI/CT, Executive Director
E-Mail: donnaroma13@gmail.com www.codalinkinc.com
Phone: (954) 557- 5166 / Cell: (860) 682-4499
Fax: (954) 333 -7172

Cosign CT, LLC

34 Shelley Rd. Middletown, CT 06457
Leslie Warren
E-Mail: lawcrdr@gmail.com www.cosignct.com
FAX: (860) 649-3797

Submit Requests for DHOH Interpreting Services to:

FAX # - 890-845-5394

Tim Warren inquiry@cosignct.com

DAS/DMHAS Contractual Agreement – Scope of Services:

1. Contractors shall provide certified, experienced, and qualified interpretation services for persons who are deaf or hard of hearing.
2. Providers or consumers may discuss their satisfaction or lack thereof with the requester or staff clinician that requested the DHOH interpreting services on their behalf.
3. DMHAS/OMHE encourages requesters/staff/clinicians to share feedback, compliments, and complaints to help ensure high quality services and compliance with contractual agreement. Feedback may be directed to Marlene F. Jacques, RN, MSN, MPH, L.M.S.W. Director, DMHAS/OMHE DHOH Program Tel #: (860) 418-6974 Fax #: (860) 418-6780.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No

- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 4, Section 6 Staff Selection, and page 5, Section 7, Staff Promotion and Section 8, Selecting Contractors, Vendors and Volunteers, Employee Misconduct Administrative Directive 2.17, Employee Arrests, Restraining Orders and Criminal Summons Administrative Directive 2.24 and Connecticut Department of Correction, Manson Youth Institution Unit Directive 2.3, Employee Selection, Transfer and Promotion both address Standard 115.317.

115.317 (a) By examination, Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention prohibits the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).

By examination, Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention prohibits the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

By examination, Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention prohibits the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.

By examination, Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention prohibits the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).

By examination, Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention prohibits the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to

engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

By examination, Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention prohibits the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.

115.317(b) During his interview, the PREA Coordinator confirmed that CDOC considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents.

During his interview, the PREA Coordinator confirmed that CDOC considers any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents.

115.317(c) According to the Human Resource representative, before hiring new employees, who may have contact with residents, the agency performs a criminal background records check. During this reporting period Manson Youth Institution four (4) new employees were assigned to Manson. The agency completes the onboarding process centrally before any employee is assigned to a facility to include criminal background records checks and general PREA related training. Further, before hiring new employees, who may have contact with residents, CDOC checks the child abuse registry maintained by the State of Connecticut or locality in which the employee would work.

According to the Human Resource representative, before hiring new employees who may have contact with residents, CDOC, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Pre-Service Orientation Training of newly hired staff with direct resident contact receive training on inmate sexual abuse/ sexual harassment prevention prior to being assigned to a facility. Staff training acknowledgement include training regarding:

- (1) Its zero-tolerance policy for inmate sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency inmate sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in a confinement setting;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with all inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates;
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Any concerns specific to the gender of the inmates at the employee's assigned facility.

CDOC documents, through employee signature or electronic verification that employees understand the training they have received during new employee orientation.

115.317(d) According to the Human Resource representative, CDOC performs a criminal background record check before enlisting the services of any contractor who may have contact with residents.

Likewise, the Human Resource representative indicated that, CDOC consults applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. During this reporting period zero contractors or volunteers were allowed contact with resident due to the pandemic.

115.317(e) According to the PREA Coordinator, CDOC has a system in place to capture information for current employee criminal background information. CDOC also performs a criminal background check on all current employees. Staff are also subject to the reporting requirements of Administrative Directive 2.17, Employee Misconduct and Administrative Directive 2.24, Employee Arrests, Restraining Orders and Criminal Summons.

115.317(f) The Human Resource representative indicated that the agency asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions.

CDOC ask all applicants and employees who may have contact with residents directly about previous misconduct described in provision 115.317(a) of this section during interviews or written self-evaluations conducted as part of reviews of current employees.

By examination the Auditor determined that, Administrative Directive 2.24, Employee Arrests, Restraining Orders and Criminal Summons imposes upon employees a continuing affirmative duty to disclose any such misconduct.

115.317(g) Administrative Directive 2.24, Employee Arrests, Restraining Orders and Criminal Summons, CDOC considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.

115.317(h) CDOC provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Administrative Directive 2.24, Employee Arrests, Restraining Orders and Criminal Summons
- Administrative Directive 2.17, Employee Misconduct
- Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention
- Interview with the PREA Coordinator

- Interview with the Human Resource representative
- Interview with the PCM
- Interview with the PREA Liaison Captain

Corrective Action:

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies both address Standard 115.318.

115.318 (a) Connecticut Department of Corrections in the planning, designed or acquiring of any new facility or planned any substantial expansion or modification of existing facilities, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse, according to the PREA Coordinator/designated agency head

115.318 (b) Connecticut Department of Corrections has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse, according to the PREA Coordinator. Any future installs or updating of video monitoring systems would include consideration for how much consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Policies and interviews confirm compliance with this standard. The Manson Youth Institution utilizes a video camera system for video surveillance. Cameras are placed strategically locations throughout the facility to ensure the sexual safety and security management of residents and staff alike.

115.318 (b) The PREA Coordinator confirmed during his interview that if the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency would consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator/designated head of the agency
- Interview with the PCM
- Interview with the PREA Liaison Captain

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

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

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Evidence Protocol/Securing the Area; Administrative Directive 6.9, Control of Contraband and Physical Evidence, Physical Evidence; Administrative Directive 8.1 Scope of Health Service Care, 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 Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Medical Staff Action and Evidence Protocol/Securing the Area all collectively address Standard 115.321.

115.321 (a) CDOC is responsible for investigating allegations of sexual abuse. According to the PREA Coordinator, PREA Unit Director and investigator, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

115.321 (b) The protocol is developmentally appropriate for juvenile residents.

The protocol utilized by the agency was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011, as confirmed during an interview with the PREA Coordinator, PREA Unit Director, investigator.

115.321 (c) Manson offers all residents who experience sexual abuse access to forensic medical examinations. Interviews with random and specialized staff confirmed that Manson operates a medical infirmary to serve residents of the facility. Forensic medical examinations are conducted at the community hospital. If necessary, a resident could be transferred to UCONN an acute-care hospital.

Interviews with medical and mental health practitioners confirmed that Manson offers all residents who experience sexual abuse access to forensic medical examinations. Onsite the facility would triage for immediate injuries, stabilize the resident for life threatening injuries then transfer the victim of alleged abuse to local hospital for an examination by a SANE/SAFE examiner.

The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. During this reporting period zero forensic medical exams were conducted as confirmed during interviews with medical practitioners. During the same reporting period zero forensic medical exams were conducted by a SANE/SAFE examiner or qualified medical practitioner. Likewise, according to the PREA Unit, Captain, investigator zero allegations or sexual abuse were reported at Manson Youth Institution.

115.321 The Auditor also interviewed the PREA Coordinator who also confirmed that a resident of sexual abuse would be offered a forensic medical examination without financial cost to the victim as indicated in the PAQ.

115.321 (d) The PREA Compliance Manager confirmed during his interview that where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at Manson healthcare practitioners would triage the victim for life-threatening injuries 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. When a SANE or SAFE examiner is unavailable, the hospital would utilize a qualified medical practitioner to perform the forensic medical examination.

CDOC has a MOU with the Alliance to End Sexual Violence. The Auditor interviewed a representation from the organization. The representative confirmed that on request a victim advocate from a rape crisis center would accompany a resident victim of sexual abuse. Connecticut Alliance to End Sexual Violence (The Alliance) is a statewide coalition of individual sexual assault crisis programs. The Alliance works to end sexual violence through victim assistance, community education, and public policy advocacy. Certified sexual assault counselors/advocates provide support services, information and referral services to sexual assault victims, their families, and other secondary victims. All counselors/advocates undergo training and have privileged communication as defined by Connecticut State law.

If a rape crisis center is not available to provide victim advocate services, The PREA Compliance Manager confirmed that Manson would provide a qualified staff member from a community-based organization or a qualified agency staff member.

115.321 (e) The PREA Compliance Manager confirmed that if requested by the victim, a victim advocate, or qualified facility staff member, or qualified community-based organization staff member would accompany and support the resident victim of sexual abuse through the SANE/SAFE forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

115.321 (f) Connecticut Department of Corrections/agency PREA Unit is responsible for conducting administrative and initiating criminal investigations. The Connecticut State Police conducts investigations into sexual abuse that are potentially criminal.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Evidence Protocol
3. Administrative Directive 6.9, Control of Contraband and Physical Evidence Administrative Directive 8.1 Scope of Health Service Care, Scope of Services and Access To Care
4. University of Connecticut Health Center (UCONN) Correctional Managed Health Care (CMHC),
5. Policy B5.01, Response to Sexual Abuse

6. Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Medical Staff Action and Evidence Protocol/Securing the Area

Corrective Action:

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations; Connecticut Department of Corrections, Administrative Directive 6.6, Reporting of Incidents; Connecticut Department of Corrections, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence; Connecticut Department of Corrections, Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment collectively address Standard 115.322.

115.322 (a) By examination of archival investigations, the Auditor determined that Connecticut Department of Corrections ensures that an administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment

According to the agency PREA Unit Captain and the PCM, in the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received zero according to the agency PREA Unit Captain/Investigator.

According to the agency PREA Unit Captain and the PCM, in the past 12 months, the number of allegations resulting in an administrative investigation was zero according to the agency PREA Unit Captain/Investigator.

The agency PREA Unit Captain and the PCM confirmed that in the past 12 months, the number of allegations referred for criminal investigation was zero according to the agency PREA Unit Captain/Investigator.

115.322 (b) Connecticut Department of Corrections has a policy, institutional and administrative directives that require allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.

CDOC has a policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency website provides information regarding criminal investigation upon request to the PREA Coordinator. The agency publishes this policy \

on its website at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868> . CDOC 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, Manson Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, section 16, Investigation of Sexual Abuse/Sexual Harassment, CDOC Administrative Directive 6.6 Reporting of Incident, section 8 (a) 5, Notification Procedures, Administrative Directive 1.10 Investigations, section 6 (b) Initial Inquiries and Administrative Investigations.

CDOC documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

115.322 (c) All potentially criminal investigations are conducted by the Connecticut State Police. The CDOC policy describes the responsibilities of both the agency and the investigating entity.

115.322 (d) The Auditor is not required to audit this provision.

115.322 (e) Auditor is not required to audit this provision.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations
3. Connecticut Department of Corrections, Administrative Directive 6.6, Reporting of Incidents
4. Connecticut Department of Corrections, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence
5. Connecticut Department of Corrections, Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment
6. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment
7. Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies,
8. Interviews with the following:
 - a. PREA Liaison Captain
 - b. PREA Coordinator
 - c. Associate Warden, PREA Compliance Manager (PCM)
 - d. Unit Director, agency PREA Coordinator
 - e. Captain PREA Unit

Corrective Action:

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum; Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum; and Connecticut

Department of Corrections Administrative Directive 2.7, Training and Staff Development collectively address the requirements of address Standard 115.331.

115.331 (a) Connecticut Department of Corrections trains all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment. The training curriculum examined includes topic such as staff responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, residents' right to be free from sexual abuse and sexual harassment, residents and employees right to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in juvenile facilities, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.331 (b) "The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, is tailored to the unique needs, attributes, and gender of residents of juvenile facilities. New employees transferring from other facilities within the agency receive additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

115.331 (c) Random and specialized staff interviewed during the onsite portion of the audit indicated that they received PREA related training from the agency. Further, all random and specialized staff sampled confirmed that the agency provides each employee with refresher training at least every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. According to the PREA Compliance Manager, Manson provides ongoing PREA training to staff via emails, staff or shift briefing, posters, and specific training to address a compliance issue if necessary. All staff sampled receive training annually and the curriculum includes PREA requirements as outlined in Standard 115.331.

115.331 (d) Connecticut Department of Corrections documents, through employee signature or electronic verification, that employees understand the training they have received. The Auditor reviewed the training curriculum, training sign-in sheets and other related training documentation.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum
3. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum
4. Connecticut Department of Corrections, Administrative Directive 2.7, Training and Staff Development
5. Staff sign-in training acknowledgement
6. Review of roll-call notices
7. Staff Training Curriculum
8. Interviews with the following:
 - a. PREA Liaison Captain
 - b. Staff (random and specialized)
 - c. PCM
 - d. PREA Unit Captain

Corrective Action:

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; and Connecticut Department of Corrections, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers collectively address the mandates of Standard 115.332.

115.332 (a): According to the PREA Coordinator, Connecticut Department of Corrections ensures that all volunteers and contractors who have contact with residents have been trained on their

responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.332 (b): Manson active volunteers and contractors who have contact with residents would be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors would be based on the services provided and the level of contact they have with residents. During this reporting period zero contractors and volunteers were admitted to the facility who may have contact with residents. At the time of the audit, there were no volunteers or contractors available to be interviewed.

CDOC/Manson maintains documentation confirming that all active volunteers and contractors understand the PREA training and orientation they have received by the facility.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
3. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
4. Connecticut Department of Corrections, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers
5. VIP (Volunteers, Interns, Professional Partners) Handbook
6. Interviews with the following:
 - a. Associate Warden, PREA Compliance Manager (PCM)
 - b. PREA Liaison Captain
 - c. PREA Coordinator

Corrective Action:

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education; Connecticut Department of Corrections, Mason Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education; Connecticut Department of Corrections, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates; Connecticut Department of Corrections, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers; Connecticut Department of Corrections, Administrative Directive 10.12, Section 3, Initial Orientation; and the Inmate Handbook (English/Spanish) explaining how to report incidents or suspicions of sexual abuse or sexual harassment collectively address the requirements of this address Standard 115.333.

115.333 (a): During the intake and orientation process, Manson residents receive PREA related information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Random and targeted residents confirmed receiving PREA related information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. Random and targeted residents confirmed that the information was age-appropriate and delivered in a manner they understood. Residents detailed for the Auditor multiple methods of reporting sexual abuse and sexual harassment such as submitting a request slip, filing a grievance, telling a trusted staff member or a friend to call the report line. Likewise, residents, family and friends can contact the Connecticut State Police or PREA hotline using the phones located on each living unit.

115.333 (b): Manson has task a staff person with the responsibility to conduct resident education within 10 days of intake, by examination the Auditor determined that Connecticut Department of Corrections provides age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, agency policies and procedures for responding to allegations of sexual abuse and sexual harassment.

115.333 (c): Interviews with random and targeted residents confirmed receiving the comprehensive education referenced in Standard 115.333(b). The Auditor interviewed facility Intake staff to confirmed

that all residents placed or transferred to Manson receive with orientation regarding facility rules and comprehensive PREA related education within 10 days of intake but ordinarily the same or next business day.

115.333 (d): According to Intake Staff, Connecticut Department of Corrections provides resident education in a format accessible to all residents including those who are: Limited English proficient, hard of hearing, deaf visually impaired or otherwise impaired.

CDOC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. Other appropriate steps include when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary or by employing an interpretive language line.

115.333 (e): Connecticut Department of Corrections and by extension Manson maintains documentation of resident participation in resident orientation and PREA education training sessions. Interviews with random and targeted residents confirmed receiving orientation and PREA related education within 10 days of arrival or transfer to the facility conducted by the Intake Staff in an age-appropriate format they understood. The Auditor sampled (26) Admissions & Orientation Checklists/Signature Sheets to verify that inmates, admitted during the auditing period, received the PREA education and relevant written materials.

115.333 (f): During the facility tour the Auditor noted key PREA related information to include how to report, visible on all living units in English and Spanish visible to residents. Likewise, Manson provides each resident with visible access to key information continuously using posters, notices, resident orientation handbook and other written platforms. PREA and informational posters offer a "Hotline" telephone number, which may be called to report sexual abuse or sexual harassment.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education
3. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education
4. Connecticut Department of Corrections, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates
5. Connecticut Department of Corrections, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers
6. Connecticut Department of Corrections, Administrative Directive 10.12, Section 3, Initial Orientation
7. Inmate Handbook
8. Auditor tour and observation
9. Interviews with the following:
 - a. PREA Liaison Captain
 - b. Associate Warden, PREA Compliance Manager (PCM)
 - c. Staff (Intake)

- d. Inmates (Random and Targeted)

Corrective Action:

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

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

115.334 (b)

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment; Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Corrections, Administrative Directive 1.10, Investigations Section 11, page 6, Training collectively address the requirements of this Standard 115.334.

115.334 (a): In addition to the general training provided to all employees pursuant to §115.331, CDOC ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. By examination, the Auditor determined that agency PREA Unit investigators (4) received training in conducting investigations in confinement settings from the National Institute of Corrections in addition to general PREA education. Connecticut Department of Corrections conducts administrative investigations.

All sexual abuse or sexual harassment incidents that are potentially criminal are investigated by the Connecticut State Police. In addition to PREA general training provided to all employees pursuant to §115.331, Connecticut Department of Corrections ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

115.334 (b): An examination of the National Institute of Corrections, training curriculum for PREA: Investigating Sexual Abuse in a Confinement Setting includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Initial collection of information in a suspected PREA related incidents is conducted by the PREA Unit.

115.334 (c) CDOC maintains documentation that agency PREA Unit investigators have completed the required specialized training in conducting sexual abuse investigations. By examination the Auditor determined that all agency investigators have completed the required specialized investigators training.

115.334 (d): the Auditor is not required to audit this provision

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
3. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
4. Connecticut Department of Corrections, Administrative Directive 1.10, Investigations Section 11, page 6, Training
5. Training Logs/Records of Investigative Staff (4)
6. Interviews with the following:
 - a. PREA Liaison Captain
 - b. Associate Warden, PREA Compliance Manager (PCM)
 - c. PREA Unit Director, PREA Coordinator
 - d. PREA Unit Captain
 - e. PREA Unit Lieutenants (2)

Corrective Action:

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees; Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; and Connecticut Department of Corrections, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff collectively address the requirements Standard, address Standard 115.335.

115.335 (a): SCDC mandates that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities are trained in: 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 juvenile victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

By examination the Auditor confirmed that Connecticut Department of Corrections ensures that all full- and part-time Medical and Mental Health Practitioners who work regularly in its facilities have been trained in accordance with this standard. Moreover, all mental health and medical staff have received the required specialized training on victim identification, interviewing, reporting and clinical interventions. Medical and Mental Health Practitioners interviewed during the onsite portion of the audit confirmed completion of general PREA education in addition to specialized training for medical and mental health practitioners.

115.335 (b): Connecticut medical practitioners do not conduct forensic examinations. All sexual abuse victims are transported to either St. Francis Hospital in Hartford, CT or UCONN Medical Center in Farmington, CT as their primary provider where SAFE/SANES staff is on duty.

115.335 (c): Connecticut Department of Corrections/Manson maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The Auditor examined a certification of completion from the National Institute of Corrections, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Interviews with medical and mental health practitioners confirmed awareness of their role and responsibilities regarding a PREA related incident.

Policies, Annual Training Lesson Plan and PowerPoint Presentation address the mandates of this standard. Employees receive training annually and supportive documentation was found in the employee training files. Medical and Mental Health Practitioners acknowledged, in writing, that they both received and understood the training, as it relates to PREA. Interviews with Medical and Mental Health Practitioners confirmed an awareness of their responsibilities regarding PREA.

115.335 (d): Manson Medical and Mental Health Practitioners employed by Connecticut Department of Corrections also receive training mandated for employees by §115.331. Zero medical or mental health care practitioners are volunteering for the agency. During this reporting period volunteerism and contractor contact with residents has been suspended due to the pandemic.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees
3. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
4. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
5. Connecticut Department of Corrections, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff
6. Staff Training Agenda 2021 Annual Refresher Training
7. Training Logs/Records for Medical and Mental Health Practitioners
8. Interviews with the following:
 - a. Medical Practitioners
 - b. Mental Health Practitioners

Corrective Action:

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION
AND ABUSIVENESS**

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

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

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No

- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility; Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility; and Connecticut Department of Corrections, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, PREA Screening of Inmates Transferred Between Facilities collectively address the requirements of Standard address Standard 115.341.

115.341 (a): Within 72 hours of the resident's arrival at Manson, Connecticut Department of Corrections obtains and uses information about each resident's personal history and behavior to reduce risk of sexual abuse or sexual abusive behavior. Information is also periodically updated by the Unit Administrator as needed throughout a resident's confinement. Interviews with random and targeted resident (19) sampled during the onsite audit confirmed participating in a risk screening for victimization or abusiveness during the intake process within 72 hours of their arrival.

115.341 (b): By examination the Auditor determined that Connecticut Department of Corrections PREA screening assessments are conducted using an objective screening instrument.

115.341 (c): The PREA screening assessments, at a minimum, considers: Prior sexual victimization or abusiveness, survey any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse, current charges and criminogenic history, age of the resident, level of emotional and cognitive

development, physical size and stature, history of mental illness or mental disabilities, any history of intellectual, developmental or physical disabilities, a residents' own perception of vulnerability, and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Risk management staff review all relevant pre-sentence documentation and information from other confinement facilities and reassess a resident's risk level, as necessary. Agency policy prohibits residents from being disciplined for refusing to answer, or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability to inform program, bed assignment, education with the goal of keeping residents at a high risk of being sexually abused/sexually harassed separate from those residents who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis.

115.341 (d): PREA screening assessments and risk of victimization and abusiveness is ascertained through conversations with the resident during the intake process and medical mental health screenings. Random and targeted residents sample confirmed that risk management staff ascertain information through conversation, during the classification assessment, face-to-face interviews, from court records, case files, behavioral records, or other relevant documentation such as the resident's institutional record. Random and targeted residents(19) sample confirmed that risk management staff indicated that risk management staff were professional and respectful and considered they're on views of vulnerability and sexual identity on a case-by-case basis. Interviews with risk management staff and a random review of risk screening assessments support the finding that the facility follows this standard.

115.341 (e): According to the PREA Compliance Manager, the dissemination of personal identifying information (PII) and sensitive information is limited and controlled to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. According to medical and mental health practitioners interviewed the dissemination of PII is protected through use of individual passwords and restricting access of resident files to medical and mental health practitioners and security management with a need to know.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
3. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
4. Connecticut Department of Corrections, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, PREA Screening of Inmates Transferred Between Facilities
5. HR001 Intake Screening Form
6. CN 9306 PREA Screening Form
7. Interviews with the following:
 - a. Medical practitioners

- b. Mental practitioners
- c. Staff (Random and Specialized)
- d. Unit Administrator members
- e. Inmates (random and targeted)
- f. Unit Orientation Counselor

Corrective Action:

Standard 115.342: Use of screening information

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

115.342 (a)

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

115.342 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information;
Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates;
Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual

Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information; and Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates and Administrative Directive 9.4 Restrictive Status collectively address the requirements of Standard 115.342.

115.342 (a): According to the PREA Compliance Manager, Connecticut Department of Corrections uses all the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing, bed, work, education, and program assignments. Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. From the information provided by the facility, 30 residents were sampled, zero residents who self-identified as being bisexual, gay, transgender or intersex, 1 resident with a cognitive-emotional disability and 1 resident who reported sexual victimization during risk screening.

115.342 (b): According to the PREA Compliance Manager and Manson PREA Liaison Captain residents are isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During the facility audit zero residents were in isolation. During any period of isolation, Connecticut Department of Corrections/Manson always refrains from denying residents daily large-muscle exercise, denying residents any legally required educational programming or special education services (Administrative Directive 9.4 Restrictive Status). Further, the Licensed Clinical Social Worker interviewed confirmed that mental health practitioner conducts daily visits to residents in RHU. The medical practitioner interviewed during the onsite portion of the audit confirmed that at least daily medical rounds are conducted in RHU. The unit logbook confirms rounds being conducted by medical and mental health practitioners.

115.342 (c): CDOC/Manson always refrains from placing lesbian, gay, and bisexual (LGBTI) residents in particular housing, bed, or other assignments solely based on such identification or status. Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. From the information provided by the facility, there were zero residents who self-identified as being bisexual, gay, transgender or intersex, during the onsite audit. Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates, according to the PREA Coordinator the agency always refrains from placing transgender residents in particular housing, bed, or other assignments solely based on such identification or status, refrains from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive.

115.342 (d): During his interview the PREA Coordinator/designated agency head confirmed that Connecticut Department of Corrections decision to where to assign a transgender or intersex resident to a facility for male or female residents the agency considers, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems. During the same interview the PREA Coordinator/designated agency head confirmed that when making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems. From the information provided by the facility, there were zero residents sampled who self-identified as being bisexual, gay, transgender or intersex. Additionally, one resident identified by

Manson as disclosing sexual victimization during risk screening denied making the declaration. No residents could be interviewed in those categories to support of this standard.

115.342 (e): During separate interviews the PREA Coordinator and the PREA Compliance Manager each confirmed that placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident. Zero transgender or intersex residents were identified during the onsite portion of this audit.

115.342 (f): During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed that each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility, housing placement decisions, programming assignments and their own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments.

115.342 (g): During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed that each transgender or intersex resident would be given the opportunity to shower separately from other residents (Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 E, page 9, Transgender and Intersex Inmates).

115.342 (h): During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed for the Auditor that if a resident is isolated pursuant to 115.342 (b) Manson would clearly document: The basis for the facility's concern for the resident's safety and the reason why no alternative means of separation could be arranged for the resident.

115.342 (i): During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed for the Auditor that in the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, Manson would conduct a placement review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information
3. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates
4. Connecticut Department of Corrections, Manson Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information

5. Connecticut Department of Corrections, Manson Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates
6. Connecticut Department of Corrections, Manson Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 E, page 9, Transgender and Intersex Inmates
7. Facility tour (RHU)
8. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. PREA Liaison Captain
 - d. Associate Warden, PREA Compliance Manager (PCM)
 - e. Unit Counselor
 - f. Medical Practitioner
 - g. Mental Health Practitioner

Corrective Action:

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

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

115.351 (c)

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

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education; Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment; Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse); PREA Notices; and the Resident Handbook collectively address Standard 115.351.

115.351 (a): The agency has established multiple internal ways for residents to privately report: Sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The Manson youth orientation handbook provided residents with various methods to report sexual abuse, sexual harassment, or retaliation such as reporting the incident to a trusted staff person, calling the PREA hotline, writing an inmate request, or writing an anonymous note.

115.351 (b): The agency also provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency, the Connecticut State Police. The resident handbook informs residents that may be monitored. The Connecticut State Police can receive and forward resident reports of sexual abuse and sexual harassment to CDOC agency officials. According to the PREA Coordinator and PREA Compliance Manager, Manson never houses residents detained solely for civil immigration purposes.

115.351 (c): Random and specialized staff sampled confirmed they accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Investigative reports examined confirmed multiple methods of referrals were made to initial the investigative process into allegations of sexual abuse or sexual harassment. More, random, and specialized staff confirmed they would immediately document any verbal reports of sexual abuse and sexual harassment and notify a supervisor after securing the safety of the victim.

115.351 (d): Manson provides residents with access to tools necessary to make a written report and a method for staff to privately report sexual abuse and sexual harassment of residents. Family and friends of residents may report sexual abuse/sexual harassment by contacting facility staff, calling the PREA hotline, or other third-party personnel. All residents interviewed during the audit confirmed awareness of the multiple methods of reporting sexual abuse/assault allegations including verbally. During the facility tour the Auditor noted posters and other PREA related and victim advocacy information display throughout the facility. Random and specialized staff confirmed knowledge of various methods of reporting sexual abuse/assault allegations to include emailing a supervisor, face-to-face contact or using the PREA hotline. Interviews with staff and residents, observations of posters addressing reporting methods, and an examination of policy/documentation confirm the agency's compliance with this standard.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education
3. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
4. Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
5. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education
6. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
7. Connecticut Department of Corrections, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
8. CDOC PREA zero tolerance Policy poster (English)
9. CDOC PREA zero tolerance Policy poster (Spanish)
10. Resident Handbook
11. Auditor's observations during the facility tour
12. Interviews with the following:

- a. PREA Unit Director, PREA Coordinator
- b. PREA Unit Captain
- b. Associate Warden, PREA Compliance Manager (PCM)
- c. PREA Liaison Captain
- d. Staff (Random and Specialized)
- e. Inmates (Random and Targeted)

Corrective Action:

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention and the Administrative Remedy Form CN 9602 all address the requirements of Standard 115.352.

115.352 (a): Connecticut Department of Corrections is not exempt from this standard. Administrative Directive 9.6, Inmate Administrative Remedies Procedure indicates that, the (Connecticut) Department of Correction shall provide a means for an inmate to seek formal review of an issue relating to any aspect of an inmate's confinement that is subject to the Commissioner's authority. The Inmate Administrative Remedies Procedure enables the Department to identify individual and systemic problems, to resolve legitimate complaints in a timely manner, and to facilitate the accomplishment of agency's mission.

115.352 (b): Problematic, by examination the Auditor determined that Connecticut Department of Corrections/form CN 9602 places time limits on all grievances. The form, CN 9602 does not make a distinction between a PREA related grievance regarding sexual abuse and a general complaint regarding property, staff conduct, mail or dietary issues. By definition, time limitations as defined by CDOC represents a time limitation (s) established within Administrative Directive 9.6, Inmate Administrative Remedies. Any formal request made by a resident for an administrative remedy that does not adhere to the time limitations set forth shall be rejected.

Further, Administrative Directive 9.6, Inmate Administrative Remedies requires an inmate to attempt to seek informal resolution prior to filing a grievance (administrative remedy).

115.352 (b): The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. Problematic, Connecticut Department of Corrections, , omits informing residents that the agency always refrains from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

115.352 (c): Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies omits ensuring that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

115.352 (d): Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies mandates a Level 1 review and respond in 30 business days. Standard 115.352 mandates the issuance of a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

The computation of the 90-day period excludes time consumed by the resident in preparing the administrative appeal. In circumstances where the agency determines that the 90-day period is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per Standard 115.352 (d)(3)], the PCM/agency would notify the resident in writing of any such extension and provide a date by which a decision will be made on the complaint.

At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident

considers the absence of a response to be a denial at that level. Standard 115.352 (d)-2, by examination, in the past 12 months, the number of grievances that were filed that alleged sexual abuse was zero. Standard 115.352 (d)-3 by examination, in the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero. Standard 115.352 (d)-4, by examination, in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero.

115.352 (e): Connecticut Department of Corrections allows third party reporters such as fellow residents, staff members, family members, attorneys, and outside advocates, are all permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. More, according to the PREA Compliance Manager, if a third-party should file a PREA related grievance or request on behalf of a resident (other than a parent or legal guardian), Connecticut Department of Corrections/Manson may require as a condition of processing the grievance that the alleged victim agree to have the grievance filed on his behalf and may also require that the alleged victim personally pursue any subsequent steps in the administrative remedy process. The PREA Compliance Manager confirmed that Connecticut Department of Corrections/Manson would document the decision made by the resident. Connecticut Department of Corrections/Manson allows a grievance regarding allegations of sexual abuse, including appeals, to be filed by a parent or legal guardian on behalf of a resident or juvenile. Further, if a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, the grievance is not conditioned on the resident or juvenile agreeing to have the request filed on his or her behalf.

115.352 (f): Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies Section 8, page 10, PREA Investigation Decision, indicates, a complaint alleging sexual abuse or sexual harassment must be reported in accordance with Administrative Directive 6.12, Inmate Sexual Abuse/Harassment Prevention and Intervention, and shall be investigated by the PREA Unit. Any PREA Investigation issued by the Director of the PREA Unit is not subject to further departmental appeal.

Problematic, by examination, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Harassment Prevention, and Intervention omits any reference to a process or timeline for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. This provision of Standard 115.352 requires an initial response within 48 hours and a final response with 5 calendar days. Administrative Directive 1.10 Investigations, Section 10, page 4 (f), PREA Unit Investigations, indicates an investigation shall normally be completed within 60 business days. More, the initial response and final agency decision will document the agency's determination, actions taken and indicate if the resident is in substantial risk of imminent sexual abuse.

115.352 (g): If Connecticut Department of Corrections/Manson disciplines a resident for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the resident filed the grievance in bad faith. The Auditor found no evidence of a resident being disciplined for filing a grievance in bad faith.

There were zero grievances filed involving PREA related issues during the past 12 months. There were zero grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were zero grievances alleging sexual abuse filed by residents in which the resident declined third party assistance. This standard requires corrective action.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure
3. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Associate Warden, PREA Compliance Manager (PCM)
 - d. PREA Liaison Captain
 - e. Review of the Manson Resident Handbook

Corrective Action:

Manson will issue a Unit Directive outlining all provision of Standard 115.352. Manson will provide the Auditor with documented evidence of compliance with this standard.

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

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

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education both address the requirements of address Standard 115.353.

115.353 (a): By examination the Auditor determined that Manson provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility has a MOU with a local victim advocacy group. The Auditor reviewed the signed MOU with the Alliance to End Sexual Violence. Likewise, the Auditor conducted a telephone interview with a representative from the victim advocacy group.

By examination the Auditor determined that the agency/Manson enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Calls are subject to recording. Residents are advised during the resident intake and orientation process. Interviews with random and targeted residents confirmed 20% believed calls to the Alliance to End Sexual Violence would be private 80% of residents sampled believed the calls would be recorded.

115.353 (b): By examination of the Resident Handbook and resident (random and targeted) interviews, the Auditor determined that the facility informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.353 (c): Connecticut Department of Corrections maintains an agreement or MOU with community service providers (Alliance to End Sexual Violence) that can provide residents with confidential emotional support services related to sexual abuse.

115.353 (c): Connecticut Department of Corrections maintains documented evidence of a MOU with a local crisis service provider to provide residents with confidential emotional support services related to sexual abuse. Residents are provided information regarding contact information for a local crisis service provider for sexual abuse which includes the address and telephone contact information. Calls are not recorded. The agency maintains copies of agreements or documentation showing attempts to enter into such agreements.

115.353 (d): Through interviews with a sample of random and targeted residents the Auditor confirmed that residents are provided with reasonable and confidential access to their attorneys or other legal representation. Through interviews with a sample of random and targeted residents the Auditor confirmed the facility provide residents with reasonable access to parents, legal guardians and their attorney.

Policies and the Resident Handbook address the requirements of this standard. The Resident Handbook provides the contact information for alternate services and the information is also posted in the housing units.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education
4. MOU between CDOC and the Alliance to End Sexual Violence
5. Inmate Handbook (English)
6. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Associate Warden, PREA Compliance Manager (PCM)

- d. PREA Liaison Captain
- e. PREA Coordinator
- f. Alliance to End Sexual Violence

Corrective Action:

Standard 115.354: Third-party reporting

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

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment both address the requirements of address Standard 115.354.

115.354 (a): Connecticut Department of Corrections has established a method to receive third-party reports of sexual abuse and sexual harassment. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual

address this standard. Other reporting methods include writing the Commissioner, Associate Commissioner, District Administrator or Unit Administrator of the facility in which the incident occurred or by contacting the PREA Coordinator. The residents (random and targeted) interviewed indicated they were aware of third-party reporting and would probably feel more comfortable reporting an incident of sexual abuse to a trusted staff person or using the PREA hotline.

Manson Youth Institution, Resident Handbook (English/Spanish), PREA posters (English and Spanish), CSP address, CDOC website, and the Alliance to End Sexual Violence MOU collectively meet the mandates of Standard 115.354. The CDOC website, posted notices (inside living units and visiting room) and provides inmates with contact information to the Connecticut State Police (*9333#), toll free numbers to CDOC (*9222#), and Alliance to End Sexual Violence (*9444) and their 24-Hour Hotline (1-888-999-5545/English or 1-888-568-8332/Spanish).

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
3. Connecticut Department of Correction, Manson Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
4. MOU between Manson Youth Institution and Alliance to End Sexual Violence
5. CDOC internet website
6. Inmate Handbook (English/Spanish)
7. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Associate Warden, PREA Compliance Manager (PCM)
 - d. PREA Liaison Captain
 - e. PREA Coordinator

Corrective Action:

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

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

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents and Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) both address Standard 115.361.

115.361 (a): Connecticut Department of Corrections 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 a facility, whether it is part of the agency. The Auditor interview of random and specialized staff to confirmed that staff received PREA related training. Inclusive in the training is the requirement for staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. Further, the agency requires all staff to report immediately and

according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment and or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

115.361 (b): Connecticut Department of Corrections requires all staff to comply with any applicable mandatory child abuse reporting laws. Interviews with specialized staff, medical and mental health practitioners confirm their understanding of their role and responsibility to comply with any applicable mandatory child abuse reporting laws.

115.361 (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, Connecticut Department of Corrections/Manson staff/contractors confirmed their understanding regarding the prohibition of revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

115.361 (d): Connecticut Department of Corrections/Manson, medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials pursuant to provision (a) of this Standard, as well as to the designated State or local services agency where required by mandatory reporting laws.

CDOC/Manson Youth Institution, medical and mental health practitioners are required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with a sample of medical and mental health practitioners confirmed their duty to report sexual abuse to designated supervisors and officials pursuant to provision (a) of this Standard as well as to the designated State or local services agency where required by mandatory reporting laws.

According to targeted resident interviewed during the onsite portion of this audit medical and mental health practitioners inform residents of their duty to report, and the limitations of confidentiality, at the initiation of the delivery of services. Policy requires the information concerning the identity of the alleged resident victim and the specific facts of the case be shared with staff on a need-to-know basis, due to their involvement with the victim's welfare and/or the investigation of the incident.

115.361 (e): Upon receiving any allegation of sexual abuse, the facility Warden or his or her designee would promptly report the allegation to the appropriate office. Confirmed during separate interviews with Warden and PREA Compliance Manager upon receiving any allegation of sexual abuse, the facility Warden or his or her designee would promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. If an alleged victim is under the guardianship of the child welfare system, the facility Warden or his or her designee would promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians. More, if a juvenile court retains jurisdiction over the alleged victim, the facility head or designee would also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

115.361 (f): According to the facility Warden, PREA Compliance Manager and PREA Coordinator reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. During this Auditor's interview with the PREA

Coordinator he confirmed that Manson reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
5. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Deputy Warden, PREA Compliance Manager (PCM)
 - d. PREA Liaison Captain
 - e. Warden
 - f. PREA Coordinator

Corrective Action:

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and

Abusiveness and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness both address the requirements of Standard 115.362.

115.362 (a): As indicated in an interview with the PREA Coordinator/designated agency head and facility Warden, when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect the resident. Random and specialized staff sampled during the onsite portion of the audit confirmed an awareness and understanding that when they become aware or suspect that a resident is being sexually abused or sexually harassed they must take immediate action to protect the victim, to include separating the victim/predator, securing the crime scene to protect possible physical evidence, prevent the destruction of potential evidence and contact the Shift Supervisor, PREA Compliance Manager, PREA Liaison Captain, facility Warden, PREA Unit, medical and mental health practitioners. In the past 12 months, there was zero (0) instance in which Manson Youth Institution determined that a resident was subject to a substantial risk of imminent sexual abuse.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness
4. Connecticut Department of Correction, Administrative Directive 9.9 Protective Management, Section 6, Determination of Substantial Risk
5. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Deputy Warden, PREA Compliance Manager (PCM)
 - d. PREA Liaison Captain
 - e. PREA Coordinator
 - f. Warden

Corrective Action:

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse); and Connecticut Department of Correction, Manson Youth Institute Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) collectively address the requirements of address Standard 115.363

115.363 (a): The facility Associate Warden confirmed during his interview that upon receiving an allegation that a resident was sexually abused while confined at another facility(Administrative Directive 6.6 Reporting of Incidents), he would alert the facility Warden. The facility PREA Compliance Manager under the Warden's direction and email address would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The head of the facility that received the allegation will notify the appropriate investigative agency.

115.363 (b): The facility Warden confirmed during his interview that notification should take place as soon as possible, but no later than 72 hours after receiving the allegation. Policy addresses the requirements of this standard. Policy requires that any resident allegation of sexual abuse occurring while confined at another facility be reported to the Warden where the alleged abuse occurred within 72 hours of receipt of the allegation.

115.363 (c): The agency/facility would document that it has provided such notification.

115.363 (d): The facility head or agency office that receives such notification ensures that the allegation is investigated in accordance with PREA standards.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Unit Director, PREA Coordinator
 - c. PREA Liaison Captain
 - d. Warden

Corrective Action:

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) both address the requirements of Standard 115.364.

115.364 (a): Random and specialized staff interviewed during the onsite portion of the audit confirmed that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to: Separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

115.364 (b): If the first staff responder is not a security staff member, the responder is required by policy to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Specialized staff interviews confirmed that first responder (non-custody) is required by policy to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Liaison Captain
 - c. Staff (Random and Specialized)
 - d. Shift Supervisor (intermediate or upper-level manager)
 - e. Warden

Corrective Action:

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) both address Standard 115.365.

115.365 (a): Manson has developed a local written institutional plan (Administrative Directive (AD)) to coordinate actions among staff first responders, medical and mental health practitioners, PREA Unit investigators, and facility leadership taken in response to an incident of sexual abuse. By examination the Auditor confirmed that the facility has developed a written plan to coordinator actions among staff first responders in response to an allegation of sexual abuse. The plan details actions and first responder duties, reporting procedures, physical evidence collection/preservation and medical/mental health care responsibilities. The plan was developed to assist staff in responding to allegations of prohibited and/or illegal sexually abusive behavior.

The duty of a first responder is addressed in Administrative Directive 6.12, Section 13, A, B, and C. The directive indicates that if a staff member including medical staff suspects or an inmate or third party alleges that he/she or another inmate may have suffered from sexual abuse, the following actions are required:

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

Supervisor actions are defined and thoroughly explained in Paragraph A., of the same directive and indicate the following:

1. Contact the facility duty officer and the Connecticut State Police as soon as practical;
2. Alert health services staff and escort the victim to the Health Services Unit for a private medical and mental health assessment as soon as possible;
3. Take appropriate steps to ensure that the victim is not left alone;
4. Explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center who will accompany the inmate through the forensic exam and any other investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the inmate;
5. Provide the inmates with mailing addresses and phone numbers, including toll free numbers, where available local or State advocacy or rape crisis organizations and for inmates detained solely for civil immigration purposes;
6. Offer and plan for the victim to speak with the facility's religions services representative;

7. Ensure timely access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment;

Complete all reports in accordance with Administrative Directive 6.6, Reporting of Incidents;

1. Obtain written statements from the alleged victim to include with the Incident Report;
2. Where possible attempt to video the interview of the alleged victim unless the inmate refuses;
3. Complete the Incident Report Checklist; and
4. Forward the reports through the appropriate chain of command for review and follow-up investigation

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. PREA Incident Checklist
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Liaison Captain
 - c. Staff (Random and Specialized)
 - d. PREA Coordinator/PREA Unit Director/investigator
 - e. Captain PREA Unit/investigator

Corrective Action:

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.366(a): Connecticut Department of Correction conducts collective bargaining activities at the State 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.

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

115.366(b): Auditor is not required to audit this provision

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention
3. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Liaison Captain
 - c. PREA Coordinator/PREA Unit Director/investigator
 - d. Captain PREA Unit/investigator

Corrective Action:

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation both address Standard 115.367.

115.367 (a): The agency has established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from

retaliation by other residents or staff. The agency has designated and charged the PREA Unit Director, with the role and responsibility of monitoring retaliation.

115.367 (b): During an interview with the Retaliation Monitor confirmed that the agency employs multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

115.367 (c): During an interview with the Retaliation Monitor confirmed that except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, the PREA Unit Director monitors: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, act promptly to remedy any such retaliation, monitor any resident disciplinary reports or housing changes, program changes, negative performance reviews of staff, and reassignment of staff.

115.367 (d): During an interview with the Retaliation Monitor confirmed that in the case of residents, retaliation monitoring would also include periodic status checks at least every 30, 60 and 90-day reviews to ensure compliance with this standard.

115.367 (e): During an interview with the Retaliation Monitor confirmed that if any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation.

115.367 (f): The Auditor is not required to audit this provision.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation
4. Investigations
5. Retaliation Monitoring
6. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. Retaliation Monitor/PREA Unit Director
 - c. PREA Coordinator
 - d. PREA Unit Captain

Corrective Action:

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation both address Standard 115.368.

115.368 (a): During an interview with the PCM/Retaliation Monitor he confirmed that the facility does not place resident victims in seclusion after an allegation has been reported. Only under exigent circumstances, would Manson use segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342.

Even under exigent circumstances placement in segregation/seclusion would be a last measure only to protect the victim until other alternatives were utilized to safeguard the alleged resident victims of sexual abuse/sexual harassment.

During the facility tour the Auditor determined that zero residents were housed in segregation due to PREA related circumstances by reviewing the unit logbook, speaking to inmates and staff interviews. .

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 8, Screening for Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility

3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 8, Screening for Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manger (PCM)
 - b. PREA Liaison Captain
 - c. PREA Unit Captain
 - d. Staff (Random and Specialized)

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, pages 5 – 6, PREA Unit Investigations; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment collectively address the requirement of Standard 115.371.

115.371 (a): According to the PREA Coordinator/PREA Unit Director/Investigator for the agency when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Connecticut Department of Corrections such investigations for all allegations, including third party and anonymous reports.

The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was zero according to the PAQ and as confirmed by the PREA Unit Captain.

115.68 (a)-3 The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was zero.

115.371 (b): According to the PREA Coordinator/PREA Unit Director/Investigator, potentially criminal of alleged where sexual abuse is investigated by the Connecticut State Police. CDOC would use agency investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334. By examination the Auditor determined that the PREA investigators sampled (3) completed the requisite training as outlined in PREA Standards.

115.371 (c): According to the PREA Coordinator/PREA Unit Director/Investigator for the agency, confirmed that in his role of investigator he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, reviews prior reports and complaints of sexual abuse involving the suspected perpetrator, gathers available physical and DNA evidence and any available electronic monitoring data.

115.371 (d): The PREA Coordinator/PREA Unit Director/Investigator for the agency confirmed for the Auditor that he always refrains from terminating an investigation solely because the source of the allegation recants the allegation. Investigative reports originating during this review period, found no evidence that an investigation was terminated prematurely because the source of the allegation recanted the allegation.

115.371 (e): Criminal investigations are investigated by the Connecticut Department of Corrections and when necessary, with the Connecticut State Police. Both external agencies have the legal authority to conduct compelled interviews when the quality of evidence appears to support criminal prosecution, the Connecticut Department of Corrections and when necessary, the Connecticut State Police conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. According to the Warden, the facility would fully cooperate with any outside agency that initiates an investigation. The PREA Coordinator/PREA Unit Director or his/her designee such as the PREA Unit Captain, would serve as the facility liaison and provides requested information to the Connecticut State Patrol, as well as access to the resident (e.g., victim, abuser or witnesses).

115.371 (f): The PREA Coordinator/PREA Unit Director/Investigator for the agency confirmed during his interview that he assesses the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as resident or staff. The PREA Coordinator/PREA Unit Director/Investigator confirmed during his interview that the agency investigates all allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. The Auditor reviewed investigative reports for this reporting period and found no evidence to suggest the use of a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

115.371 (g): The review of investigative reports confirmed that administrative investigations for this review period included an effort to determine whether staff actions or failures to act contributed to the abuse, documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.371 (h): Criminal investigations would be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

115.371 (i): All substantiated allegations of conduct that appears to be criminal referred for prosecution.
115.371 (i): The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero.

115.371 (j): According to the PREA Coordinator/PREA Unit Director/Investigator for the agency, Connecticut Department of Corrections retains all written reports referenced in 115.371 (g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

115.371 (k): According to the PREA Coordinator/PREA Unit Director/Investigator for the agency, the agency ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. The investigation would continue to a conclusion. By examination the Auditor found no evidence to suggest an early termination of an investigation due to the departure of an alleged abuser or victim.

115.371 (l): The Auditor is not required to audit this provision.

115.371 (m): According to the PREA Coordinator/PREA Unit Director/Investigator for the agency, when an outside agency investigates sexual abuse, The Department's PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Unit Director or his designee or designee serves as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10 Investigations. Connecticut Department of Corrections cooperates with outside investigators and endeavor to remain informed about the progress of the investigation. Sample Administrative investigations were reviewed by the Auditor.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations
3. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, pages 5 – 6, PREA Unit Investigations
4. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
5. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
6. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Unit Director, PREA Coordinator
 - c. PREA Unit Captain
 - d. PREA Liaison Captain
 - e. PREA Liaison Lieutenant
 - f. Staff (Random and Specialized)

7. Interviews with random and targeted residents

Corrective Action:

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 3, pages 1 – 2, Definitions and Acronyms; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations address Standard 115.372.

The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. When interviewed, the PREA Unit Director/PREA Coordinator/Investigator confirmed during his interview an awareness that the evidence standard of measure is preponderance of evidence. The evidence standard was utilized in the general investigative cases reviewed by the Auditor to determine compliance with address Standard 115.372.

115.372 (a): The PREA Coordinator/PREA Unit Director/Investigator for the agency confirmed that it was true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 3, pages 1 – 2, Definitions and Acronyms
3. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations
4. Interviews with the following:
 - a. PREA Unit Director, PREA Coordinator/Investigator
 - b. PREA Unit Captain/Investigator

Corrective Action:

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in the agency’s facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 4, Initial Inquiries and Administrative Investigations; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, PREA Unit Investigations; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment;

and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment collectively address the requirements of Standard 115.373.

115.373 (a): Following an investigation into a resident's allegation that he suffered sexual abuse in an agency facility, the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Auditor examined said notice from the previous review period. During this reported the PREA Unit Captain reported zero incidents of sexual abuse or sexual harassment for Manson Youth Institution.

115.373 (b): Connecticut Department of Corrections where necessary, Connecticut State Patrol conduct the investigation into a resident's allegation of sexual abuse at Manson, Connecticut Department of Corrections would request the relevant information from the investigative agency to inform the resident of the outcome of an investigation.

115.373 (c): The PREA Compliance Manager confirmed during his interview that following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility, the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d): The PREA Compliance Manager confirmed during his interview that following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Investigative findings are available to the victim's family, administration, and the Connecticut Department of Children's Services.

115.373 (e): The PREA Coordinator and PREA Compliance Manager both confirmed that Connecticut Department of Corrections documents all such notifications or attempted notifications

115.373 (f): The Auditor is not required to audit this provision.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 4, Initial Inquiries and Administrative Investigations
3. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, PREA Unit Investigations
4. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
5. Connecticut Department of Correction, Manson Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment

6. PREA Investigation Tracking Log
7. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Unit Director, PREA Coordinator
 - c. PREA Liaison Captain
 - d. PREA Unit Captain

Corrective Action:

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions; and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions collectively address the requirements of address Standard 115.376.

115.376 (a): The PREA Coordinator/designated head of the agency confirmed during his interview that all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. According to the PAQ and PREA Unit Captain, in the past 12 months, the number of staff from the facility that violated agency sexual abuse or sexual harassment policies was zero.

115.376 (b): The PREA Coordinator/designated head of the agency confirmed during his interview that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Policy and interviews address the requirements of this standard. Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of residents engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated, if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies by the facility, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

115.376 (c): The PREA Coordinator/designated head of the agency confirmed during his interview that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories

115.376 (d): The PREA Coordinator/designated head of the agency confirmed during his interview that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal), and/or relevant licensing bodies.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
4. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Investigative Unit Director, PREA Coordinator

- c. PREA Liaison Captain
- e. PREA Unit Captain

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions and Connecticut Department of Correction, Manson Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions both address requirements of Standard 115.377.

Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In non-criminal cases, the Connecticut Department of Correction would take appropriate remedial

measures and consider whether to prohibit further contact with inmates. During the past 12 months, there were zero incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy and volunteer/contractor training files and volunteer/contractor and staff interviews

115.377 (a): The PREA Coordinator/designated head of the agency confirmed during his interview that any contractor or volunteer who engages in sexual abuse prohibited from contact with residents, reported to: Law enforcement agencies (unless the activity was clearly not criminal) and/or relevant licensing bodies. During the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse was zero, as indicated in the PAQ and confirmed by the agency PREA Unit.

115.377 (b): The PREA Coordinator/designated head of the agency confirmed during his interview that in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the agency/facility would take appropriate remedial measures, and consider whether to prohibit further contact with residents.

During the past 12 months, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy, and staff interviews. CDOC has suspended volunteerism due to the pandemic. Contractor entering the building have no access to residents. Contractors if needed would be escorted in building by custody or maintenance staff.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Liaison Captain
 - c. PREA Unit Captain
 - d. PREA Coordinator

Corrective Action:

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

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

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline; Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline; and Connecticut Department of Correction, Administrative Directive 9.5 Code of Penal Discipline collectively address Standard 115.378.

115.378 (a): The Warden and the PREA Unit Captain confirmed during separate interviews that following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse, residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility was zero. Likewise, according to the PREA Unit Captain, 115.378 (a)-4, in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility was zero.

115.378 (b): The Warden and the PREA Compliance Manager confirmed during separate interviews that disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

In the event a disciplinary sanction results in the isolation of a resident, the agency/Manson would ensure that the resident is not denied daily large-muscle exercise, is not denied access to any legally required educational programming or special education services, access to other programs however access to work opportunities would be limited but to the extent possible.

115.378 (c): When determining what types of sanction, if any, should be imposed, the PREA Compliance Manager confirmed during separate interviews that the disciplinary process would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior. Likewise, the Auditor review previous investigative reports which included a triage by a mental health practitioner to determine the suitability of a resident for disciplinary sanction which included segregation in RHU. The mental health practitioner also confirmed that medical and mental health practitioners make round daily to determine health related challenges as a

115.378 (d): The PREA Compliance Manager confirmed during separate interviews that Manson offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions. Manson does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, the facility refrains from requiring such participation as a condition to accessing general programming or education.

115.378 (e): The PREA Coordinator/designated head of the agency confirmed during his interview that the agency would consider disciplining a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f): The PREA Coordinator/designated head of the agency confirmed during his interview that consensual sex of any nature is prohibited between staff, contractors. For disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred DOES NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g): The agency prohibits any sexual activity between residents, volunteers, and contractors. The agency prohibits sexual activity between residents. Residents that sexually abuse or harass staff (not consensual) will be disciplined. Manson Youth Institution informs residents of the disciplinary code for violation of rules at the facility. CDOC takes appropriate measures to inform residents of procedural rights of residents who are, or who may be, subject to discipline. Manson Youth Institution, Resident Handbook outlines disciplinary sanctions for juvenile residents placed at the facility. According to the PREA Coordinator, the agency/Manson does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. daily visits from a medical or mental health care practitioners. Residents (random and targeted) sampled during the onsite portion of the audit confirmed receiving resident orientation during the intake process

and receiving a Resident Handbook which included information on the disciplinary process and consequences for violating rules.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline
4. Connecticut Department of Correction, Administrative Directive 9.5 Code of Penal Discipline
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Investigative Unit Director, PREA Coordinator
 - c. PREA Liaison Captain
 - d. Specialized staff interviews
 - e. PREA Unit Captain

Corrective Action:

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness; Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness; Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6; and Connecticut Department of Correction, Unit Directive 9.3 Inmate Admissions, Transfers and Discharges, Section J, pages 6-7, PREA Screening of Newly Admitted Inmates collectively address the requirements of Standard 115.381.

115.381 (a): According to a sample of Specialized staff, risk screening pursuant to § 115.341 indicates if a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, Manson offers a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. According to the Manson Youth Institution, in the past 12 months, the percentage of residents who disclosed victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was 100%.

115.381 (b): According to a sample of Specialized staff, if the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, Manson staff ensures that all residents are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.381 (c) Specialized (medical and mental health practitioners) staff interviewed confirmed that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

115.381 (d) Specialized (medical and mental health practitioners) staff confirm that informed consent is obtained from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18. The Auditor interviewed seven (7) residents under the age of 18. All confirmed being explained by health care practitioners informed consent and disclosing information regarding a prior victimization that occurred in the community.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness
4. Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6
5. Connecticut Department of Correction, Unit Directive 9.3 Inmate Admissions, Transfers and Discharges, Section J, pages 6-7, PREA Screening of Newly Admitted Inmates
6. PREA Emergency Medical and Mental Health Services Log Sample
7. Interviews with the following:

- a. Deputy Warden, PREA Compliance Manager (PCM)
- b. Specialized (medical/mental health) practitioners
- c. PREA Coordinator
- d. PREA Unit Captain

Corrective Action:

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action and Connecticut Department of Correction, Manson Youth Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action both address Standard 115.82.

115.382 (a): According to the PREA Compliance Manager resident victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews with medical and mental health practitioners confirm that a resident victim of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention at no cost to the victim. The scope of medical care would be determined by medical and mental health practitioners according to their professional judgment.

115.382 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, staff first responders sampled during the audit detailed preliminary steps to be taken to protect the victim pursuant to § 115.362 such as moving the victim to safety, notifying a supervisor, protecting the crime scene and any physical evidence, and notifying the appropriate medical and mental health practitioners.

115.382 (c): Medical or mental health practitioners sampled during the audit confirmed that a resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.382 (d): Medical or mental health practitioners sampled during the audit confirmed that treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action

3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. Specialized staff (medical and mental health)
 - c. SANE/SAFE interview
 - d. PREA Coordinator
 - e. PREA Unit Captain

Corrective Action:

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

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

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13 and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13 both address Standard 115.383.

115.383 (a): Medical or mental health practitioners sampled during the audit confirmed that Manson Youth Institution offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.383 (b): Medical or mental health practitioners sampled during the audit confirmed that evaluation and treatment of such victims would include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.383 (c): Medical or mental health practitioners sampled during the audit confirmed that evaluation and treatment, follow-up services, treatment plans, and, when necessary, referrals for continued care provided to a victim of sexual abuse would be consistent with the community level of care.

115.383 (d): This provision does not apply. Manson Youth Institution is a male facility.

115.383 (e): This provision does not apply. Manson Youth Institution is a male facility.

115.383 (f): Medical or mental health practitioners sampled during the audit confirmed that evaluation and treatment would include, as appropriate, while incarcerated victims of sexual abuse would be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g): Medical or mental health practitioners sampled during the audit confirmed that evaluation and treatment would provide to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (h): Medical or mental health practitioners sampled during the audit confirmed that evaluation and treatment would an effort to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, page 12-13
4. Review of investigations
5. Interviews with the following:
 - a. Specialized staff (medical/mental health practitioners)
 - b. PREA Compliance Manager
 - c. PREA Coordinator
 - d. PREA Unit Captain
 - e. PREA Liaison Captain
 - f. PREA Liaison Lieutenant

Corrective Action:

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents Address Standard 115.386.

115.386 (a): According to the PREA Compliance Manager, Manson Youth Institution conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

115.386 (b): According to the PREA Compliance Manager, Manson Youth Institution conducts a sexual abuse incident review within 30 days of the conclusion of an investigation.

115.386 (c): According to the PREA Compliance Manager, the Manson Youth Institution incident review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

115.386 (d): By examination the Manson Youth Institution incident review team: Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

By examination the Manson Youth Institution incident review team: Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.

By examination the Manson Youth Institution incident review team: Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

By examination the Manson Youth Institution incident review team: Assesses the adequacy of staffing levels in that area during different shifts.

By examination the Manson Youth Institution incident review team: Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

By examination the Manson Youth Institution incident review team: Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

115.386 (e): Manson Youth Institution would either implement the recommendations for improvement or document its reasons for not doing so.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Investigative Unit Director, PREA Coordinator
 - c. PREA Liaison Captain
 - d. PREA Unit Captain

Corrective Action:

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms; Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms; and Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting collectively address the requirements of Standard 115.387.

115.387 (a): According to the PREA Coordinator, CDOC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PREA Investigative Unit Director/PREA Coordinator works in conjunction with PREA Compliance Managers to maintain and collect data required to meet this standard. The PREA Investigative Unit Director/PREA Coordinator confirmed the process by interview

115.387 (b): According to the PREA Coordinator, CDOC aggregates the incident-based sexual abuse data at least annually. The PREA Investigative Unit Director/PREA Coordinator works in conjunction with PREA Compliance Managers to maintain and collect data required to meet this standard. The PREA Investigative Unit Director/PREA Coordinator confirmed the process by interview.

115.387 (c): According to the PREA Coordinator, CDOC the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Investigative Unit Director/PREA Coordinator works in conjunction with PREA Compliance Managers to maintain and collect data required to meet this standard. The PREA Investigative Unit Director/PREA Coordinator confirmed the process by interview.

115.387 (d): According to the PREA Coordinator, CDOC the agency maintains, reviews, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Investigative Unit Director/PREA Coordinator works in conjunction with PREA Compliance Managers to maintain and collect data required to meet this standard. The PREA Investigative Unit Director/PREA Coordinator confirmed the process by interview

115.387 (e): According to the PREA Coordinator, CDOC also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The PREA Investigative Unit Director/PREA Coordinator works in conjunction with PREA Compliance Managers to maintain and collect data required to meet this standard. The PREA Investigative Unit Director/PREA Coordinator confirmed the process by interview.

115.387 (f): According to the PREA Coordinator, CDOC, upon request, provide all such data from the previous calendar year to the Department of Justice would be provided by no later than June 30.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms
3. Connecticut Department of Correction, Manson Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms
4. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Unit Director, PREA Coordinator

- c. PREA Liaison Captain
- d. PREA Liaison Lieutenant
- d. PREA Unit Captain

Corrective Action:

Standard 115.388: Data review for corrective action

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

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12 and Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12 both address Standard 115.388.

115.388 (a): According to the PREA Coordinator, CDOC reviews data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas.

According to the PREA Coordinator, CDOC reviews data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis.

According to the PREA Coordinator, CDOC reviews data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.

115.388 (b): According to the PREA Coordinator, CDOC's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. Problematic, the annual report provided by the agency date back to 2018. This standard requires corrective action.

115.388 (c): According to the PREA Coordinator, CDOC's annual report is approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

115.388(d): According to the PREA Coordinator, CDOC would indicate the nature of a material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12
3. Connecticut Department of Correction, Manson Youth Institution Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12
4. Form: CN 61203, PREA Incident Post-Investigation Facility Review
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Liaison Captain
 - c. PREA Coordinator
 - d. PREA Unit Captain
 - e. PREA Coordinator

Corrective Action:

CDOC will complete an annual report as outlined in this standard. CDOC PREA Coordinator will provide the Auditor with a copy of the completed report for her records. Corrected

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting; Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking; and CDOC Records Retention Schedule, Series #26 collectively address Standard 115.389.

115.389 (a): CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting mandates that data is collected pursuant to § 115.387 are securely retained.

115.389 (b): CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting mandates the agency to make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Problematic, this data was not found on the agency's website as on 12/19/2021. This provision requires corrective action.

115.389 (c): A review of current Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available. aggregated sexual abuse data found on the CDOC website personal identifiers were removed.

115.389 (d): Based upon a review of 2018 sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. CDOC maintains sexual abuse data in accordance with this standard.

Evidence Reviewed (on-site visit, documentation, staff and inmate interviews):

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting
3. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking
4. Connecticut Department of Corrections, Administrative Directive 4.7, Record Retention
5. CDOC Records Retention Schedule, Series #26
6. PREA Investigations and Records Review
7. PREA Investigative Reports by Facility 2013-2019
8. Auditor Summary Report, Bishop House 2018
9. Auditor Summary Report, Isaiah House 2018
10. Auditor Summary Report, Mary Magdalene House, 2018
11. Auditor Summary Report, Next Step Cottage, 2018
12. Auditor Summary Report, January House, 2018
13. Auditor Summary Report, Bridgeport Correctional Center, 2018
14. Auditor Summary Report, Corrigan-Radgowski Correctional Center 2018
15. Auditor Summary Report, Manson Youth Center, 2018
16. Auditor Summary Report, Willard-Cybulski Correctional Institution, 2018
17. Form: CN 61203, PREA Incident Post-Investigation Facility Review
18. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Investigative Unit Director, PREA Coordinator, agency designated Head
 - c. PREA Liaison Captain
19. Connecticut Department of Corrections Website: <https://portal.ct.gov/DOC>

That data should be found <https://portal.ct.gov/DOC>. Information currently posted on the website personal identifiers were removed before posting the information.

Corrective Action:

The PREA Coordinator will make available all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website. CDOC will provide the Auditor with verification of all PREA audits completed to date. CDOC will submit a workorder ticket to CDOC MIS Department to upload all final PREA reports completed since 2018.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (c)

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

115.401 (d)

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

115.401 (e)

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

115.401 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401(a): During the prior three-year audit period, CDOC ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. It should be mentioned that the pandemic hampered efforts to conduct audits in 2020. Those facilities scheduled for in year 2020 were audited in 2021.

115.401(b): This is not the first year of the current audit cycle. This is the third year of the current cycle.

115.401(c): The Auditor had access to, and the ability to observe, all areas of the audited facility.

115.401(d): The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).

115.401(e): The Auditor permitted to conduct private interviews with residents?

115.401(f): Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

114.403 (f) By PREA Coordinator indicated that CDOC has published on its website, all final reports. By examination, the Auditor determined that all final reports were not published on the CDOC website. This standard requires corrective action. The PREA Coordinator issued a ticket to the agency IT Department to have all final agency PREA reports published on the CDOC website. **Corrected**

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Sonya Love

12/31/2021

Auditor Signature

Date

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

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