

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 12/09/2021

Auditor Information

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Email: sonya.love@outlook.com

Company Name: Diversified Consultant Services

Mailing Address: P.O. Box 452

City, State, Zip: Blackshear, Georgia 31516

Telephone: 678-200-3446

Date of Facility Visit: September 22 – 24, 2021

Agency Information

Name of Agency:

Connecticut Department of Correction

Governing Authority or Parent Agency (If Applicable):

State of Connecticut

Physical Address: 24 Wolcott Hill Road

City, State, Zip: Wethersfield, CT 06019

Mailing Address: 24 Wolcott Hill Road

City, State, Zip: Wethersfield, CT 06019

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

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: : (203) 250-8136

PREA Coordinator Reports to:

Commissioner of Correction, Angel Quiros

Number of Compliance Managers who report to the PREA Coordinator

14

Facility Information

Name of Facility: New Haven Correctional Center (NHCC)

Physical Address: 245 Whalley Ave

City, State, Zip: New Haven, CT 06514

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 Type:

Prison

Jail

Facility Website with PREA Information: <https://portal.ct.gov/DOC/Facility/New-Haven-CC>

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.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Brian Viger

Email: Brian.Viger@ct.gov

Telephone: 202-974-4100

Facility PREA Compliance Manager

Name: Dominic Dawson

Email: Dominic.Dawson@ct.gov

Telephone: 203-974-4123

Facility Health Service Administrator N/A

Name: Michael Greene

Email: Michael.B.Greene@ct.gov

Telephone: 860-992-7636

Facility Characteristics

Designated Facility Capacity:	769	
Current Population of Facility:	715	
Average daily population for the past 12 months:	652	
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:	18 - 68	
Average length of stay or time under supervision:	1.43 months	
Facility security levels/inmate custody levels:	Level 4, Overall Score: 1=5, 2=35, 3=205, 4=448	
Number of inmates admitted to facility during the past 12 months:	2,768	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	2,262	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1,224	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" 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 type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input checked="" 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. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	265	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	10
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates 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 inmates, 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.</p>	1
<p>Number of inmate housing units:</p> <p>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 inmates 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 inmates 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.</p>	12
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	9
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	12
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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 type="checkbox"/> Yes <input checked="" 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 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-inmate or inmate-on-inmate), 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: Click or tap here to enter text.) <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-inmate or inmate-on-inmate), 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 apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> 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 Department of Correction (CDOC), New Haven Correctional Center (NHCC) located in New Haven, Connecticut was conducted on September 22 – 24, 2021 by U.S. Department of Justice (DOJ) certified PREA Auditor, Sonya Love, Diversified Consultant Services. The Auditor conducted an opening meeting, toured the entire facility, interviewed a random sample of staff and inmates, and reviewed PREA related staff and inmate documentation. Upon completion of the onsite audit process, a closing meeting was held with the administrative staff to discuss the audit process and the next step in the audit process.

Pre-Audit Phase

This is the third PREA (Prison Rape Elimination Act) audit for the State of Connecticut Department of Correction (CDOC), New Haven Correctional Center. The standards used for this audit became effective August 20, 2012. Before the on-site visit, a representative from the State of Connecticut, Department of Correction, PREA Investigative Unit Director/PREA Coordinator, conducted a “pre-audit” review of the facility to ensure PREA compliance.

The PREA Investigative Unit Director/PREA Coordinator is a certified PREA Auditor. The agency has established the PREA Investigative Unit Director/PREA Coordinator as the liaison for the PREA audit at New Haven Correctional Center (NHCC). At the direction of the agency's Commissioner of Correction, the PREA Investigative Unit Director/PREA Coordinator and facility liaisons (PREA Compliance Manager) were tasked with providing the Auditor with all policies and supporting documentation for the Auditor to review before the on-site visit.

Policies and documentation were provided in the form of Administrative Directives (AD), Unit Directives, facility handbooks, and other forms/memos. Administrative Directives are agency-wide governing policies developed by the Connecticut Department of Correction (CDOC) that stipulate specific policies, in the event, there is no facility/site-specific policy required to expand on agency's Administrative Directives. Unit Directives are facility specific policies that mandate procedures and directives at the facility level. An internet search by the Auditor confirmed that New Haven Correctional Center 2017 PREA Report was conducted on August 15, 2017, and a copy of the audit was posted to the facility's website on September 25, 2017.

The facility's PREA Compliance Manager submitted paper copies of the New Haven Correctional Center's Inmate Handbook in English for the Auditor to review. The handbook contained information such as the facility rules, available programs and services, details on the

inmate telephone system (Securus), intake screening and orientation process information and specifics on PREA including definitions, prevention, and reporting. PREA hotlines have been established for inmates to call and report sexual assault or sexual abuse. The phone number is (*9222#) to call and contact the Connecticut Department of Correction PREA Investigation Unit. The hotline to the Connecticut State Police is (*9333#) or 1-800-842-0200. In addition, inmates may call CONNSACS – Connecticut Alliance to End Sexual Violence at (*9444) or 1-888-999-5545 (English).

An examination of the inmate handbook revealed that New Haven Correctional Center notified all inmates that:

- Telephone calls were subject to monitoring and recording except for unmonitored inmate calls to attorneys.
- CDOC has a zero-tolerance policy and no-tolerance philosophy for sexual victimization.
- CDOC has an Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1 – 19, dated 7/20/2015 provides guidance on the implementation of practices in compliance with PREA Standards.
- CDOC has an investigative process when the agency conducts investigations into allegations of sexual abuse and sexual harassment.
- CDOC provides access information to advocacy services for inmates who have been sexually abused or sexually harassed during their term of incarceration through the local community advocacy organization.
- CDOC has a detailed administrative remedy process for PREA related allegations.
- CDOC lists inmates' rights and responsibilities in the handbook.
- CDOC details in the handbook the guidelines for inmate correspondence.
- CDOC details in the handbook what inmates can do if they have a sensitive complaint.
- CDOC details in the handbook the inmate's healthcare rights and responsibilities.
- Sexual contact with other inmates is not authorized.
- There is no such thing as consensual sexual contact between staff and inmates in the CDOC.

The Auditor completed a document review of the New Haven Correctional Center Pre-Audit Questionnaire (PAQ), applicable policies, procedures, administrative and unit directives, and supplemental information. Telephone calls and emails were exchanged between the Connecticut Department of Correction (CDOC) PREA Investigative Unit Director\PREA Coordinator assigned to monitor the 2021 PREA onsite portion of the audit. The following documentation was requested for the onsite visit:

- Roster of inmates by unit
- Roster of inmates with disabilities
- Roster of inmates who were Limited English Proficient (LEP)
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Inmate census the first day of the audit
- A roster of new employees hired in the past 12
- Unannounced institutional rounds

- List of contact information for volunteers
- SANE/SAFE point of contact information
- Copies of PREA training acknowledgments for volunteers and contractors

Entrance Briefing and Tour (On-site Audit)-First day

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the State of Connecticut Department of Correction, New Haven Correctional Center was conducted on September 22 – 24, 2021 by Diversified Consultant Services, PREA certified Auditor Sonya Love. The PCM is the acting Warden, a Lieutenant has been temporarily assigned as the PREA Compliance Manager. The population on the first day of the audit was 675. The rated capacity was 769. A meeting took place with management staff to outline the Auditor’s sampling strategy, logistics for the facility tour, interview schedule and to discuss the need to review additional directives and supplemental documents. The Auditor was provided a private room in which to work and conduct confidential interviews. All requested files and rosters, both staff and inmates were made available to the Auditor for review.

The tour of New Haven Correctional Center included the Receiving and Discharge (R&D) intake processing areas, all living units, the Restrictive Housing Unit (RHU), the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Room, Psychology Services, and other programming areas. New Haven Correctional Center has an RHU consisting of 12 segregation cells. During the onsite visit zero inmates were housed in RHU because of sexual victimization. All living units were equipped with showers, as well as privacy curtains. All living units had toilet and shower stalls that afforded all inmates with privacy screens.

The Auditor interviewed the following categories of specialized and random staff, during the on-site phase of the audit:

Category of Staff Interviewed	# Interviews Conducted
Random Staff	12
Specialized Staff	15
Total Staff Interviewed	27

Note: Selected from all shifts

Other staff interactions during the facility tour	# Interviews Conducted
Staff Interactions during the facility tour	6
Staff who refused to be interviewed	0
Total Staff Interviewed	6

Category of Specialized Staff Interviewed	# Interviews Conducted
Agency Contract Administrator (previously interviewed) in 2019	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	0
Education staff who work with youthful inmates, if any	0
Program staff who work with youthful inmates, if any	1
Medical staff	1
Mental health staff	1
Administrative (human resource) staff	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	15

Site Review

Immediately following the opening meeting, a tour of the facilities was completed. The Auditor was escorted throughout the facility by the PREA Compliance Manager. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards. The telephone lines were tested on all living units for access to outside reporting entities. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

All signs and postings were in both English and Spanish. All inmates sampled affirmed the ability to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding how inmates can report PREA violations and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility.

Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor noticed PREA audit postings were posted well in advance of the on-site visit. Inmate interviews confirmed the placement of the PREA notices. Observations noted during the tour:

- Zero inmates were housed in the restrictive housing unit RHU because of an allegation of sexual victimization during the audit.
- CONNSACS – Connecticut Alliance to End Sexual Violence can be reached by dialing (*9444) and 1-888-999-5545 (English) or 1-888-568-8332 (Spanish); in addition to

dialing (*9222#) to reach the CDOC PREA Investigative Unit and (*9333) to reach the Connecticut State Police (CSP) were posted on all living units.

- There are no youthful offenders.
- The Auditor tested telephone access to outside entities to report abuse was available to inmates from the living units.

Inmate Interviews

At the time of the audit there were 675 male inmates housed at New Haven Correctional Center. A total of 31 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	25
Targeted inmates	6
Youthful inmates	0
Total inmates interviewed	31
Targeted Inmate Interviews-Breakdown	# Interviews Conducted
Youthful Inmates	0
Inmates with a Physical Disability	2
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	0
Total Number of Targeted Inmates Interviews	6

*Note: Inmates selected from various living units

Staff Interviews

New Haven Correctional Center employs on average a staff of 275 individuals. A total of 12 random staff members were interviewed to include Correctional Officers (from all shifts). The administrative staff included positions such as the Deputy Warden, PREA Compliance Manager/Lieutenant, Human Resources Manager, Lieutenants, medical, mental health, and Unit Team Managers. All staff interviewed confirmed having been trained to act as first responders in the event of a PREA related incident. Both random and specialized staff were interviewed on each day of the on-site audit.

The Auditor conducted a telephone interview with the local community victim advocacy organization, the Connecticut Alliance To End Sexual Violence, regarding the Memorandum of Understanding (MOU) that exists with New Haven Correctional Center. The conversation confirmed that New Haven Correctional Center has a provider relationship with an advocacy organization that will provide, a 24 hour per day, seven days per week Sexual Assault Hotline, medical accompaniment, and advocacy for an inmate victim of sexual assault. A telephone

call discussion with a SANE/SAFE examiner at Yale New Haven Hospital confirmed that examinations are conducted by specialized trained medical staff.

File Review

Following the interviews, the Auditor reviewed the files requested during the pre-audit phase. The Auditor reviewed 12 training records to establish compliance with PREA training mandates. This Auditor confirmed that five new employees of New Haven CC completed background checks before hire, and all received National Crime Information Clearance before working around inmates. The Auditor reviewed zero files for facility volunteers. Screening and intake procedures were evaluated by reviewing 31 inmate files which included a vulnerability assessment instrument and inmate education verification documentation.

Investigations

During the current auditing period, there were 2 reported allegations of sexual abuse/sexual harassment. All investigations are handled by the CDOC PREA Investigative Unit and Connecticut State Police Department.

Information is transmitted quickly to the appropriate investigating agency. The agency's PREA Investigative Unit Director\PREA Coordinator is responsible for receiving verbal and telephonic referrals 24 hours a day, seven days a week. Additionally, abuse investigation outcomes and general protective services assessment outcomes are submitted to, reviewed by, and finalized by the agency's PREA Investigative Unit Director\PREA Coordinator.

Closeout

A closing meeting was held with the Auditor and the administrative staff on September 24, 2021. Discussions centered around the audit process, preliminary findings, and the post-audit process. The Auditor thanked the staff for their hard work and dedication to the PREA process and participation in the second phase of the audit process.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Connecticut Department of Correction, New Haven Correctional Center, is in New Haven, Connecticut. The facility was opened on April 27, 1976, situated on 4.9 acres which is comprised of a main building, two dormitory units and an outside detail unit. The facility is a level 4 medium-security institution.

The New Haven Correctional Center houses primarily pretrial offenders and serves the superior courts in Meriden, New Haven, Bantam, Litchfield, and Waterbury. The Mental Health Department

offers a variety of programs for offenders who are experiencing stress and depression, including emotional literacy, community groups and psychoeducation. The Education Department has instituted a program designed to identify non-English speaking offenders upon admission for referral to educators who specialize in teaching English to speakers of other languages.

The facility programs include:

Work Assignment: Work assignments are made by the Classification Committee/Operations staff, as jobs become available.

Addiction Services: The Addiction Services Unit offers a variety of programs to assist inmates in overcoming substance abuse problems. The addiction services counselor oversees the programs available here. The substance abuse programs available here are:

- A. New Directions
- B. DUI Home Confinement
- C. Methadone Maintenance
- D. Smoking Cessation
- E. Alcoholics Anonymous
- F. Narcotics Anonymous

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

During the auditing period, New Haven Correctional Center reported two allegations of sexual abuse/harassment in the Pre-Audit Questionnaire (PAQ). There is an established zero-tolerance culture throughout the institution with documentation addressing all areas of PREA and the inmates interviewed confirmed this fact. The agency, Connecticut Department of Correction (CDOC), maintains agency policies and the institution has developed more institution specific PREA supplements.

Staff Interviews

Interviews with random and specialized staff confirmed that New Haven Correctional Center's staff understood the agency position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder. Each staff member was able to verbalize the steps they would take if they were the first responder to a PREA related incident. Reporting mechanisms were displayed in all common areas and throughout the facility. A review of the New Haven Correctional Center staff training curriculum was completed by the Auditor. The training records support the finding that all staff have received general PREA training.

Inmate Interviews

Interviews with inmates revealed that they fully understand PREA safeguards and the facility's zero-tolerance policy. Comprehensive inmate PREA education is provided in written form (i.e. New Haven CC Inmate Handbook), personal instruction, videos, and posters. Thirty-one vulnerability assessment instruments were examined by the Auditor which confirmed that intake and classification assessments are efficient and seamless in addressing referrals based on victimization or abusiveness screening data. Inmates (Random and Targeted) interviewed acknowledged the admissions screening process included questions regarding any history of sexual abuse or victimization and whether they would like to identify a sexual preference. Inmates expressed during interviews that they were aware of how to report abuse internally and externally. Random and targeted inmates expressed trust in the staff, and they felt comfortable reporting sexual abuse and harassment to facility staff. Largely, inmates sampled were aware of some sort of emotional services provided by a local victim advocacy group, the Connecticut Alliance To End Sexual Violence. Fewer than 20% of the population sampled were able to discuss any specifics regarding services. Conversely, all inmates sampled during the onsite portion of the audit were able to describe steps to take to obtain more information about advocacy service. It should be mentioned, this Auditor noted PREA related information posted on all living units during her tour. On another note, every inmate interviewed complained about an uncontrollable rodent problem throughout the facility and the lack of counseling staff available to inmates. During the facility tour the Auditor noted makeshift thresholds constructed from milk carton spread across doorway thresholds to prevent rodents from entering living quarters and eating foodstuffs purchased by the inmates from the commissary. The PCM indicated an awareness of the rodent problem and he pointed out that the facility has put measures in place to address the problem.

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 Action

Standard 115.13: Supervision and monitoring

New Haven revised the 2020 staffing plan to include the eleven point criteria outlined in Standard 115.13: (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 New Haven Staffing Plan.

Standard 115.52: Exhaustion of administrative remedies

New Haven will issue a Unit Directive outlining all provision of Standard 115.52. New Haven 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 115.87: Data collection

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. This Writer found little evidence to satisfy this standard. CDOC will provide this Auditor with evidence to satisfy this standard. The Auditor will provide CDOC with sample templates for review.

Standard 115.88: 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. CDOC would indicate the nature of any 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.

Standard 115.89: 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

115.403 (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 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (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

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.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19, addresses the requirements of Standard 115.11.

The agency's zero-tolerance policy against sexual abuse was confirmed during staff interviews. The agency's zero-tolerance toward sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The Deputy Warden serves as the PREA Compliance Manager (PCM). In addition to the PCM, there is a designated agency wide Director of the PREA Investigative Unit\PREA Coordinator to ensure adherence to PREA. The Lieutenant reports to the Deputy Warden of the facility, the Director of agency PREA Investigative Unit\PREA Coordinator reports to the agency Commissioner. Zero-tolerance posters are displayed throughout every area of the facility. The agency and facility directives outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and are required to view a video during admission and orientation presentations. New Haven Correctional Center met the requirements for Standard 115.11.

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, pages 1-19
3. Employee PREA Training Curriculum and Sign-in sheets
4. Inmate Handbook
5. Organizational Chart
6. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager

Corrective action: None required

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other

entities for the confinement of inmates.) Yes No NA

115.12 (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 inmates.) 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.

The agency and New Haven Correctional Center meet the requirements of this standard. An interview with the PREA Compliance Manager Lieutenant, and the New Haven Correctional Center PAQ substantiates that the agency and facility require contractual entities which they contract for the confinement of inmates (privatized prisons and/or inmate re-entry centers) to adopt and comply with the PREA standards. The Deputy Warden, PCM confirmed that the agency's contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with PREA standards. New Haven Correctional Center has contracts for the confinement of inmates. New Haven Correctional Center met the requirements for Standard 115.12.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager

Corrective action: None required

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes 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 inmates 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 inmate 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: The institution programs occurring on a particular shift? Yes No NA
- 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

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- 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: 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

115.13 (d)

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

Connecticut Department of Correction and New Haven Correctional Center, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 4, "Staffing Plan"; CT DOC Administrative Directive 2.15 "Custodial Staff Deployment" Section

5 “Staffing Plan”; and Connecticut Department of Correction, Administrative Directive 6.1, Tours and Inspections Section 4, “General Principles” and Section 5, “Tours, Inspections and Visits” collectively address the requirements of this standard.

The agency policy requires New Haven Correctional Center to review the staffing plans on an annual basis. Interviews with the Deputy Warden, and PCM confirmed compliance with PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans.

New Haven Correctional Center developed, documented, and made its best efforts to comply on a regularly with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse and that fact is indisputable. Problematic was the staffing plan did not clearly address each of the eleven-point factors outlined in Standard 115.13 when calculating adequate staffing levels and other considerations. The Lieutenant, PCM confirmed that he has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones, and staff interviews.

Supervisory/Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to employees. New Haven Correctional Center has video cameras to augment staff presence, and mirrors. These cameras were pointed out during the tour with the Auditor. The facility utilizes convex mirrors to supplement security in areas where there are numerous corners or potential blind spots. New Haven Correctional Center meets the requirements for Standard 115.13.

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, pages 3 and 10, Section 4 - Staffing Plan, and Section 13 - Staff Monitoring and Intervention (Sexual Abuse)
3. Connecticut Department of Correction, Administrative Directive 2.15. Hazardous Duty Staff Deployment, Section 5 – Staffing Plan
4. Connecticut Department of Correction, Administrative Directive 6.1, Tours and Inspections Section 4, “General Principles” and Section 5, “Tours, Inspections and Visits”
5. New Haven Correctional Center Post Plans
6. Officer Unannounced Rounds samples from logbook
7. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager

Corrective action: NHCC revised the 2019 staffing plan to include the eleven point criteria outlined in Standard 115.13: (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 will provide the Auditor with a copy of the revision to the 2019 NHCC Staffing Plan.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) 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.

New Haven Correctional Center does not house youthful inmates. New Haven Correctional Center met the requirements for Standard 115.14.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Interview with the following
 - a. PREA Coordinator
 - b. Lieutenant, PREA Compliance Manager

Corrective action: None required

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

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

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (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 inmates 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*)

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.

Connecticut Department of Correction, Administrative Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 – 11, and New Haven CC post orders both address Standard 115.15.

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 interviews indicated they received cross-gender pat search training during initial and annual training. The Auditor observed that each unit has individual shower stalls for privacy while showering. The facility has implemented a policy that all staff working the unit will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. The inmates interviewed acknowledged they can shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Staff (random and specialized), coupled with most of the inmates interviewed, indicated that employees of the opposite gender announce their presence before entering a housing unit. Likewise, staff interviewed also affirmed that New Haven Correctional Center trains 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. All staff interviewed confirmed that they were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, the PAQ indicated there was zero cross-gender strip or cross-gender visual body cavity search of an inmate by a staff member at the New Haven Correctional Center. The Deputy Warden, PCM indicated that there were no exigent circumstances in which a cross-gender strip search or cross-gender-body cavity search took place at New Haven CC in the past 12-month period. New Haven Correctional Center met the requirements for Standard 115.15.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 - 11
3. New Haven CC Post Orders
4. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. Staff interviews (random)

Corrective action: None required

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes 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.

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 115.16.

New Haven takes appropriate steps to ensure inmates with disabilities and inmates with LEP have an opportunity to participate in and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 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. 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. CTDOC ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision. New Haven staff provide verbal review of inmate education and PREA related information for inmates who are blind or have low vision.

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.

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
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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.

Targeted inmates in the sample cohort included zero LEP inmates. A review of orientation documentation and education acknowledgements, as well as staff and inmate interviews, all support a finding that New Haven meets requirements for Standard 115.16.

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. New Haven Correctional Institution Inmate Handbook
10. Interpretation Services telephone numbers and instructions
11. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager (PCM)
 - b. Staff (Random and Specialized)
 - c. 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.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

- Does the agency perform a criminal background record check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

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

115.17 (g)

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

115.17 (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

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.

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 addresses Standard 115.17.

Employment with the CDOC is subject to satisfactory completion of a background investigation to determine suitability for employment as a law enforcement official. Background investigations includes law enforcement and criminal record checks, credit checks, and inquiries with previous employers and personal references. Suitability determinations are made on a case-by-case basis and are based upon an individual's character or conduct that could affect how the agency accomplishes its duties or responsibilities.

The agency Human Resource Director confirmed that the agency centrally initiates and coordinate all recruitment activities in conjunction with the CDOC Affirmative Action Unit. All applications are processed by the Human Resources Unit prior to hiring consideration by the approving Unit Administrator or higher authority. Information on recruitment activities is logged on the applicant flow sheet for forwarding to the Affirmative Action Unit for review. At a minimum, when an applicant is an ex-inmate and/or has any criminal history, the selection process shall include guidelines such as:

- an applicant with an undeclared criminal history shall not be considered
- an applicant who is known by the Connecticut Department of Correction to have previously engaged in sexual abuse and/or sexual harassment in an institutional setting shall not be considered for hiring.

The agency HR Director indicated as outlined in NHCC Unit Directive 2.3, Employee Selection, Transfer and Promotion, CDOC will not hire anyone who may have contact with inmates who is known to the Department of Correction to have:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care;
- Been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Was civilly or administratively adjudicated to have engaged in the activity described in subsection (2) of this section.

Before hiring new employees, who may have contact with inmates, the Connecticut Department of Correction shall:

- Perform a criminal background check; and

- Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of resident or detainee sexual abuse/harassment or any resignation pending an investigation of such allegations.
- CDOC ask the applicant in a written application or interview directly about whether they have been found to have engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped or providing skilled nursing or intermediate or long-term care or custodial or residential care.

Material omissions regarding such misconduct, or the provision of materially false information regarding such misconduct may be grounds for termination.

The Deputy Warden, PCM indicated after closure of an investigation when applicable, New Haven would notify the appropriate licensing and certifying agencies when professional employees are terminated for substantiated allegations of sexual abuse/sexual harassment. Documentation on file supports a finding that the facility follows this standard. New Haven Correctional Center met the requirements for Standard 115.17.

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, pages 4, Section 6 Staff Selection, and page 5, Section 7, Staff Promotion and Section 8, Selecting Contractors, Vendors and Volunteers.
3. Interviews with the following:
 - a. Human Resource Director
 - b. Lieutenant, PREA Compliance Manager
 - c. Agency Contractor Director

Corrective action: None required

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 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.

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 addresses the requirements of Standard 115.18.

New Haven Correctional Center utilizes an electronic camera system for video surveillance. Cameras are placed strategically throughout the complex to ensure the safety and security of both inmates and staff. The PAQ indicated that since the last PREA audit there were no substantial expansions, modifications, or updates to the existing facility. The PCM affirmed that NHCC considered how video technology could enhance the agency's ability to protect inmates from sexual abuse. New Haven Correctional Center met the requirements for Standard 115.18.

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 20, Upgrades to Facilities and Technologies
3. Auditor's observations during the facility tour
4. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager

Corrective action: None required

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes 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

115.21 (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

115.21 (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

115.21 (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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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

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.

CTDOC 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; and 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 all collectively address Standard 115.21.

CDOC does not conduct criminal investigation according to the PREA Coordinator. The PREA Coordinator outlined how the agency follows the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. NHCC medical providers do not conduct forensic examines. NHCC medical and mental health providers role in a sexual assault is limited to triage, emergency stabilization, after care and follow-up. Sexual assault victims are taken to the closest emergency hospital, stabilized then transferred to Yale New Haven Hospital in New Haven, CT or UCONN Medical Center in Farmington, CT as their primary provider where SAFE/SANE staff are on duty or on call. CDOC has a contract for services with UCONN.

Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. CDOC and New Haven CC both affirm their responsibility to follow a uniform evidence protocol for administrative prosecutions. Likewise, CDOC and New Haven CC policy and procedures to include the uniform evidence protocol extends to the best efforts of the Connecticut State Police investigation of criminal prosecutions on behalf of CDOC and New Haven CC. The CDOC PREA Investigative Unit will serve as an investigative liaison between the Connecticut State Police and correctional facilities in Connecticut. Medical services to victims of sexual abuse are provided free of charge as confirmed by specialized interviews with medical and mental health practitioners during the onsite audit period. An interview with the SANE/SAFE examiner at Yale New Haven Hospital was conducted and the health care provider confirmed a comprehensive awareness of PREA standards. The representative indicated that a SANE/SAFE is available 24 hours a day, seven days a week or on call. New Haven CC medical healthcare practitioners utilize forensic sexual assault medical services (SANE/SAFE) from the University of Connecticut (UCONN) if a victim is transferred to UCONN Hospital for extended care. There was zero SANE/SAFE examination conducted during the past 12 months as was evident in the investigations reviewed by the Auditor and the facility PAQ.

The Connecticut Alliance To End Sexual Violence , a statewide victim advocacy organization by this Auditor via telephone, related to New Haven Correctional Center. Further, the Connecticut Alliance to End Sexual Violence confirmed a relationship with CDOC to provide victim services to all inmates. Victim advocacy is available to all inmates via an MOU with the Connecticut Alliance to End Sexual Violence.

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. More, the Connecticut Alliance

to End Sexual Violence has contractually agreed to make available to the victim a victim advocate from a rape crisis center that will be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. 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.

The MOU with Connecticut State Police (CSP) and The Alliance demonstrate that the agency has requested that the investigating agency follow the requirements of Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, Section 15, paragraphs (a) through (e). Based on the interviews conducted and reviews of applicable policy and related documentation, it is apparent that New Haven CC achieves substantial compliance with the standard for the review period. New Haven Correctional Center met the requirements for Standard 115.21.

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 6.9, Collection and Retention of Contraband and Physical Evidence
4. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 15, Evidence Protocol/Securing the Area
5. Connecticut Department of Correction, Administrative Directive 8.1, Scope of Health Care Services
6. Connecticut Department of Correction, Administrative Directive 8.5, Mental Health Services
7. Prison Rape Elimination Act (PREA), 2003, Public Law 108-79
8. Standards for Health Services in Prisons (P-B-04). 2014
9. National Commission on Correctional Health Care. Chicago, IL.
10. Memorandum of Understanding between CDOC and the Connecticut State Police (CSP)
11. Memorandum of Understanding between CDOC and Connecticut Alliance to End Sexual Violence (The Alliance)
12. Telephone interview with SANE\SAFE hospital representative
13. Telephone interview with Connecticut Alliance to End Sexual Violence (The Alliance)
14. Interviews with the following:
 - a. Specialized medical and mental health practitioners
 - b. Lieutenant, PREA Compliance Manager
 - c. PREA Coordinator
 - d. The Alliance

Corrective action: None required

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (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 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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

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Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations; Connecticut Department of Connecticut, Administrative Directive 6.6, Reporting of Incidents; Connecticut Department of Connecticut, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence; and Connecticut Department of Connecticut, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment collectively address the requirements of Standard 115.22.

The PREA Investigative Unit Director/PREA Coordinator, Statewide PREA Investigative Unit, Lieutenant/PREA Investigator and the CSP conduct all sexual abuse investigations. The PREA Investigative Unit Director/PREA Coordinator was interviewed and proved very knowledgeable concerning the protocols for conducting investigations of alleged sexual abuse/sexual harassment. There are 4 agency investigators in the CDOC. The Auditor interviewed one trained PREA Unit investigator for CDOC. The CDOC/CSP MOU, dated August 1996, delineates each agency's responsibilities relative to an incident involving a criminal act. There were 2 administrative and zero criminal allegations of sexual abuse and sexual harassment in the past 12 months. The two investigations were closed before the posting of this report. The documentation related to the investigations was contained in each investigative file and was reviewed by the Auditor. The facility utilizes a tracking log to ensure all required steps of the investigation process is completed and are timely. The tracking form is maintained by the PCM. The information tracked includes the date of the allegation, name of the victim/perpetrator, RHU placement/reviews, initial two-day after-action review, full protocol, investigation outcome/date, date inmate notified of outcome, and retaliation monitoring. A review of training (4) documents confirmed that all investigators received specialized training instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff (specialized and random), an investigator, and an examination of supporting documentation confirm compliance with this standard. New Haven Correctional Center met the requirements for Standard 115.22.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations
3. Connecticut Department of Connecticut, Administrative Directive 6.6, Reporting of Incidents
4. Connecticut Department of Connecticut, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence
5. Connecticut Department of Connecticut, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment
6. Connecticut Department of Connecticut, Administrative Directive 9.6, Inmate Administrative Remedies, page 1 - 14
7. Interviews with the following:
 - a. PREA Coordinator, PREA Unit Director, Investigator
 - b. PREA Unit Captain, Investigator

c. Lieutenant, PREA Compliance Manager

Corrective action: None required

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (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

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Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum; and Connecticut Department of Connecticut Administrative Directive 2.7, Training and Staff Development collectively address the requirements of Standard 115.31. New Haven CC provides PREA training via electronic platforms such as roll calls and email. CDOC trains all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Furthermore, staff interviewed confirmed that training also includes topics such as; inmates' right to be free from sexual abuse and

sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired employees must attend and successfully complete the course curriculum. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes an extensive review of PREA requirements. Training curriculum, training sign-in sheets, and other related training documentation were reviewed by the Auditor. Interviewed staff (random and specialized) verified the requirement to acknowledge, in writing, not only that they received the PREA training, but that they understood it. New Haven Correctional Center met the requirements for Standard 115.31.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum
3. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development
4. Staff sign-in training acknowledgement
5. Staff Training Curriculum
6. Interviews with the following:
 - a. PCM
 - b. Staff (random and specialized)

Corrective action: None required

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (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

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Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; and Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers collectively address the requirements of Standard 115.32.

The Deputy Warden, PCM confirmed that active volunteers and contractors would receive PREA training, which includes a review of the agency's zero-tolerance policy (Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention), detection, prevention, response, reporting, and responding requirements. All volunteers have been inactive for over a year. CDOC has suspended volunteerism due to the spread of the pandemic. Contractors have no contact with inmates due to the spread of the pandemic. New Haven Correctional Center met the requirements for Standard 115.32.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
3. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers
4. VIP (Volunteers, Interns, Professional Partners) Handbook
5. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager

Corrective action: None required

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes 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

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Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education; Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates; Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers; Connecticut Department of Connecticut, Administrative Directive 10.12, Section 3, Initial Orientation; and the Inmate Handbook (English) explaining how to report incidents or suspicions of sexual abuse or sexual harassment collectively address the requirements of Standard 115.33.

The Auditor noted during her tour of the facility that the facility provided other PREA related information explaining sexual abuse and reasons to report abuse on the living units and throughout the facility. Advocacy information was posted in each living unit near the telephones for easy accessibility.

After receiving orientation and inmate education, each inmate signed an acknowledgement education training form addressing the mandates of Standard 115.33. The facility puts forth its best efforts to educate the inmates regarding PREA. Inmates receive information during the intake process including a pamphlet and inmate handbook, printed in English and Spanish.

A Unit Team staff member conducts PREA education for all inmates within 30 days of their arrival at New Haven Correctional Center. Random and targeted inmates interviewed by the Auditor confirmed receiving PREA education within 30 days of their arrival. New Haven Correctional Center inmate PREA education includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities. Inmate education also includes viewing a PREA orientation video. The PREA video explains the facility's zero-tolerance policy and covers the inmate's right to be free from sexual abuse, sexual harassment, and retaliation. PREA posters were also displayed throughout the facility and in each housing unit. Inmates also have access to a "PREA Hotline" telephone number, which may be called to report sexual abuse or sexual harassment.

The facility also provides over-the-phone interpretive service for inmates that require a translator with limited English proficiency. The Auditor was provided a random sampling of A&O Checklists/Signature Sheets to verify that inmates, admitted during the auditing period, received the PREA education and relevant written materials. All inmates are required to acknowledge, in writing, completion of PREA education. During the interview process, random and targeted inmates indicated they received information about New Haven Correctional Center's rules against sexual abuse/sexual harassment, when they arrived at the facility. All random and targeted inmates interviewed also indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment, and their right not to be punished for reporting sexual abuse/sexual harassment. Some inmates were aware of available services outside of the facility for dealing with sexual abuse. Other inmates indicated that the facility staff conducted inmate education, but they were not listening and therefore missed the information provided about outside services for emotional support. These same inmates confirmed seeing PREA education on their living unit and they detailed how to gain additional information if needed. It should be mentioned, most inmates sampled complained about access to counseling staff, and access to make private attorney calls. New Haven Correctional Center met the requirements for Standard 115.33.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education
3. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates
4. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers
5. Connecticut Department of Connecticut, Administrative Directive 10.12, Section 3, Initial Orientation
6. Inmate Handbook
7. Auditor tour and observation

8. Interviews with the following:
- a. Lieutenant, PREA Compliance Manager
 - b. Staff (Intake)
 - c. Inmates (Random and Targeted)

Corrective action: None required

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes 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 115.21(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 115.21(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 115.21(a).) Yes No NA

115.34 (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 115.21(a).) Yes No NA

115.34 (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

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.

Connecticut Department of Connecticut, 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 Connecticut, Administrative Directive 1.10, Investigations Section 11, page 6, Training collectively met the requirements of Standard 115.34.

In addition to the general training provided to all CDOC employees pursuant to §115.31, 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. Administrative Directive 1.10, Investigations, Section 11, requires each investigator who is assigned to work with the Security Division and/or PREA Unit is required to complete an approved training program prior to investigating an incident of sexual abuse or sexual harassment. The PREA Coordinator indicated during his interview that investigators are trained through the Connecticut Department of Correction and the National Institute of Correction (NIC).

The Department curriculum for training outline provided included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, how to properly conduct interviews, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility maintains documentation of investigators having completed the required specialized training in conducting sexual abuse investigations.

Moreover, a review of CDOC and New Haven CC directives confirmed policies are in place that require PREA investigators to receive specialized investigative techniques for interviewing sexual abuse victims. During an interview with the PREA Coordinator, he confirmed investigative training included the proper use of Miranda and Garrity warnings, sexual abuse evidence collection of crime scenes in correctional settings and the evidence and criteria needed to substantiate an incident for criminal or administrative proceeding. Specialized investigative training was also confirmed by reviewing signatures verifying participation in a

specialized training program for PREA investigators. The CDOC PREA Investigative Unit has four (4) trained PREA investigators. New Haven Correctional Center met the requirements for Standard 115.34.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, 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 Connecticut, Administrative Directive 1.10, Investigations Section 11, page 6, Training
4. Training Logs/Records of Investigative Staff
5. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. PREA Unit Director, PREA Coordinator
 - c. Staff (Random and Specialized)
 - d. PREA Unit Captain

Corrective action: None required

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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 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

115.35 (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

115.35 (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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes 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 §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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.

Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees; Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; and Connecticut Department of Connecticut, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff collectively address the requirements of Standard 115.35.

The medical staff at New Haven CC does not conduct forensic examinations. Exams are conducted in at Yale New Haven or UCONN with a qualified Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). The examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations. New Haven maintains documentation that medical and mental health practitioners have received the specialized training referenced in Standard 115.35. Training rosters, staff meetings sign in sheets, roll calls, and acknowledgments were submitted to the Auditor for her review electronically by a lieutenant from the agency training academy. The agency ensures all full and part-time medical and mental health practitioners, who work regularly in its facilities, have been trained according to the practitioner's status in the agency. All mental health and medical staff have received the required specialized training on victim identification, interviewing, reporting and clinical interventions.

New Haven Correctional Center employees receive training annually and support documentation was reviewed by the Auditor on site and is on file at the facility. Medical and mental health staff interviewed acknowledged completing specialized training for medical and mental health providers. The same staff also signed written acknowledgement forms acknowledging that they received and understood the training as it relates to PREA. Furthermore, interviews with medical and mental health staff confirmed awareness of their responsibilities to detect, assess signs of sexual abuse and sexual harassment, preserve physical evidence of sexual abuse and how to respond and report PREA related incidents. New Haven Correctional Center met the requirements for Standard 115.35.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees
3. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
4. Connecticut Department of Connecticut, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff
5. Staff Training Agenda 2021 Annual Refresher Training
6. Interviews with the following:
 - a. Psychologist
 - b. Health Services Administrator
 - c. Staff (Random and Specialized)

Corrective action: None required

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the

inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes 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.

Connecticut Department of Connecticut, 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; and Connecticut Department of Connecticut, 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 115.41.

CDOC and New Haven policies require the use of a screening instrument to determine proper housing, bed assignment, work assignment, education, and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. New Haven assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.

Interviews with staff and inmates (targeted and random) confirmed that intake screenings are conducted within 72 hours of the inmate's arrival at the facility. In addition, during intake screening, procedures require staff to review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field, and medical files) for any indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly.

New Haven utilizes a CDOC PREA Screening Form (CN 9306/2) as the objective screening instruments to screen for risk of victimization and abusiveness. Staff interviews and documentation review confirmed that the CN 9306/2 form included the required information outlined in Standard 115.41.

Interviews with targeted and random inmates denied being disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d). The Deputy Warden, PCM indicated during his interview that the facility has implemented appropriate controls to monitor the dissemination of sensitive information within the facility. Inmate information is password protected and physical files are monitored by medical staff using a login and out system to prevent information being exploited to the inmate's detriment by staff or other inmates.

Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff and a random review of 30 risk screening assessments support the finding that the facility follows Standard 115.41. New Haven Correctional Center met the requirements for Standard 115.41.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, 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 Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, PREA Screening of Inmates Transferred Between Facilities
4. HR001 Intake Screening Form
5. CN 9306 PREA Screening Form
6. Interviews with the following:
 - a. Medical staff
 - b. Staff (Random and Specialized)
 - c. Unit Team members
 - d. Inmates (random and targeted)

Corrective action:

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes 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.

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information, and Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates both address the requirements of Standard 115.42.

Housing and program assignments at New Haven Correctional Center are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. The Auditor interviewed random and targeted inmates during the onsite audit. Each targeted inmate interviewed during the audit denied being placed in a dedicated living unit because of their gender identity, whether the inmate is or was perceived to be gay, bisexual, transgender, intersex, or gender nonconforming. The Deputy Warden, PCM confirmed New Haven was not operating under a consent decree, legal settlement, or legal judgment that required the facility to establish a dedicated facility, unit, or wing for gay, bisexual, transgender, or intersex inmates.

During the audit, staff, the PCM and Deputy Warden, all confirmed during individual interviews that a transgender or intersex inmate would be reassessed twice a year to review any threats to safety experienced by the inmate. Serious consideration would be given by staff of these inmates with respect to their own safety. Additionally, transgender, or intersex inmates would be given the opportunity to shower separately from other inmates. Staff and inmate interviews, the review of supporting documentation and the Auditor's observations confirm that the facility follows Standard 115.42. New Haven Correctional Center met the requirements for Standard 115.42.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, 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 Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates
4. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Lieutenant, PREA Compliance Manager

Corrective action: None required

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?
 Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes 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.

Connecticut Department of Connecticut, 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 and Connecticut Department of addresses the requirements of this Standard 115.43.

CDOC policy states that inmates at high risk for sexual victimization shall not be placed in the Restrictive Housing Unit (RHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. The inmates are reassessed every seven days after entering the RHU. The Deputy Warden, and PCM both confirmed that zero inmates at risk of sexual victimization were placed in RHU in the past 12 months.

The Auditor also interviewed custody staff who supervised inmates in RHU who also denied the placement of inmates at high risk for sexual victimization being placed in RHU as a first choice. There were no inmates at risk of sexual victimization who were assigned to the RHU during the onsite portion of the audit. Specialized staff (medical and mental health) indicated that if a victim was placed in RHU, he would be seen by staff at least weekly and more frequently if necessary. A Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form is completed by health care providers when considering all appropriate alternatives for safeguarding alleged inmate victims. Interviews with staff, an examination of the RHU operations during the facility tour and an examination of policy/documentation confirmed that New Haven Correctional Center met the requirements for Standard 115.43.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire

2. Connecticut Department of Connecticut, 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. Interviews with the following:
 - a. Segregated Housing Officers
 - b. Staff (Random and Specialized)
 - c. Inmates (Random and Targeted)
 - d. RHU staff
 - e. Lieutenant, PREA Compliance Manager

Corrective action: None required

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? 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.

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education; Connecticut Department of Connecticut, 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 Connecticut, 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 Inmate Handbook collectively address the requirements of the standard.

CDOC provides multiple internal ways for inmates to privately report sexual abuse, sexual harassment, and retaliation. CDOC provides multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. A review of supporting documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility which also explain reporting methods. Moreover, during a tour of the facility, the Auditor observed telephones located in the counseling area of each housing unit. The phones were actively being used by inmates to contact their attorney of record, family, or probation officers.

Inmates were informally questioned about the availability of telephone access and the accessibility of access to third-party reporting entities. Inmates interviewed informally indicated that because of the pandemic counseling staff was short but counselors made rounds during the week on each range. As the Auditor interviewed random and targeted inmates came to a counselor's office to make legal telephone calls using telephones provided by the facility. Likewise, inmates informally interviewed indicated knowledge of how to file a PREA report if necessary. During the facility tour the Auditor noted advocacy information and contact information for third-party reporting. The Auditor also noted PREA and victim advocacy information visible explaining multiple ways for inmates to privately report sexual abuse and sexual harassment.

CDOC provides at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Interviews with random and targeted inmates confirmed that each inmate could give examples of methods of privately reporting sexual abuse or sexual harassment.

Staff members interviewed during the audit were aware of their responsibility to promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse. Family and friends of inmates may report sexual abuse/sexual harassment by using the CDOC website, phoning the CDOC Investigative Unit or CSP, or contacting facility staff. The CSP a public entity allows an inmate to remain anonymous upon request. Moreover, all interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/assault allegations. According to the PREA Coordinator, inmates at New Haven Correctional Center are not detained solely for civil immigration purposes. Interviews with staff and inmates, observations of posters addressing reporting methods, and an examination of policy/documentation confirmed that New Haven Correctional Center met the requirements for Standard 115.51.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education
3. Connecticut Department of Connecticut, 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 Connecticut, 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. CDOC PREA zero tolerance Policy poster (English)
6. CDOC PREA zero tolerance Policy poster (Spanish)
7. Inmate Handbook
8. Auditor's observations during the facility tour
9. Interviews with the following:
 - a. PREA Investigative Unit Director, PREA Coordinator
 - b. Lieutenant, PREA Compliance Manager

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

Corrective action: None required

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes 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 inmate 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

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes 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.

Connecticut Department of Connecticut, Administrative Directive 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure, and the Administrative Remedy Form CN 9602 both address the requirements of Standard 115.52.

115.52 (a) CDOC is not exempt from this standard. Administrative Directive 9.6, Inmate Administrative Remedies, Section 8, page 10, PREA Investigation Decision, "states complaints alleging sexual abuse or sexual harassment must be reported in accordance with Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention with Intervention, and shall be initially investigated by the PREA Investigative Unit."

Paragraph (a) of the standard Final Rule, dated rule governed the amount of time allotted inmates to file a request for administrative remedies (typically known as grievances) following an incident of sexual abuse. The proposed standard set this time at 20 days, with an additional 90 days available if an inmate provides documentation, such as from a medical or mental health provider or counselor, that filing sooner would have been impractical due to trauma, removal from the facility, or other reasons.

115.52 (b) Paragraph (b) of the standard governs the amount of time that agencies must resolve a grievance alleging sexual abuse before it is deemed to be exhausted, to ensure that the agency is allotted a reasonable amount of time to investigate the allegation, after which the inmate may seek judicial redress. Also, paragraph (b) requires that agencies take no more than 90 days to resolve grievances alleging sexual abuse, unless additional time is needed, in

which case the agency may extend up to 70 additional days. The Final Rule nor the standard considers time consumed by inmates in making appeals against these time limits.

According to the PREA Coordinator, CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention, permits inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits and requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Problematic, in reviewing the same directive the Auditor found no evidence of language detailing for inmates the submission process which should the exclusion on a submission deadline.

CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention states, omits filing an administrative remedy (grievance as a reporting option. CDOC does however provide guidance to inmates with other reporting methods such as:

1. Reporting to any staff member either verbally or in writing (verbal reports must be documented promptly).
2. Calling the PREA hotline.
3. Writing an inmate request.
4. Writing an anonymous note.
5. Calling the Connecticut State Police.
6. Inmates detained solely for civil immigration purposes may also contact any relevant consular officials and relevant officials at the United States Department of Homeland Security. Staff shall provide contact information to such inmates upon request.

According to the Federal Register, Volume. 77, No. 119, dated June 20, 2012, Standard 115.52 is consistent with the Prison Litigation Reform Act (PLRA). The standard as with the PLRA does not require a State to impose any administrative exhaustion requirements. The PLRA requires that an inmate exhaust “such administrative remedies as are available” before bringing an action under Federal law. 42 U.S.C. 1997e(a). The PLRA thus affords States a procedural defense in court by requiring inmates with grievances to satisfy such administrative exhaustion requirements as States may adopt. This standard is meant to govern only the contours of administrative remedy procedures, since under the PLRA, exhaustion of any such procedures is a prerequisite to access to judicial remedies. The Department of Justice leaves to agency discretion whether to utilize such administrative remedies as part of its procedures to combat sexual abuse. After careful review, it is unclear to the Auditor which position CDOC has taken as it relates to the inclusion or excluding of the filing of a grievance as an option for reporting sexual abuse.

Moreover, the Department of Justice leaves to an agency discretion whether to utilize such administrative remedies as part of its procedures to combat sexual abuse. As noted in § 115.51 and its counterparts, agencies must provide multiple internal ways to report abuse, as well as access to an external reporting channel. A grievance system cannot be the only method—and should not be expected to be the primary method—for inmates to report abuse. More, an inmate in an agency that lacks any administrative remedies may proceed to court directly. Accordingly, this standard is inapplicable to agencies that lack administrative remedy schemes.

Likewise, if CDOC exempts sexual abuse allegations from its administrative remedies scheme, an inmate who alleges sexual abuse may proceed to court directly about such allegations, and this standard would not apply.

115.52 (c) According to the PREA Coordinator, CDOC ensures that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

115.52 (d) According to the PREA Coordinator, CDOC (PREA Unit) would 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. If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time for response is insufficient to make an appropriate decision, CDOC would notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate should consider the absence of a response to be a denial at that level.

115.52 (e) CDOC allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. By examination of investigative reports for this reporting period while onsite this auditor found no evidence of third-party reports. During his interview the PREA Coordinator, PREA Director denied receiving any third-party reports complaints on behalf of an inmate. The facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, CDOC/PREA Unit would document the inmate's decision.

115.52 (f) Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention is the established directive for the filing of an emergency grievance. All allegations of sexual abuse are immediately investigated to include the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. According to the PREA Coordinator, PREA Unit Director, Investigator, after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the practice would be for the agency to 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 with an initial response within 48 hours.

Problematic, the presence of language in the agency administrative directive falls short of written details to address provision 115.52 (f). "A grievance system cannot be the only method—and should not be the primary method—for inmates to report abuse." Conversely the Writer found zero evidence of an inmate filing an emergency grievance during this reporting period. Interviews with a sample of random and targeted inmates found zero indicating the filing of an emergency grievance which failed to adhere to the time limits prescribed in this standard. Further, the PREA Coordinator confirmed that after receiving an emergency

grievance CDOC/PREA Unit would issue a decision within 5 calendar days. The initial response and final agency decision would document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse. CDOC/PREA Unit would document the agency's final decision and action(s) taken in response to the emergency grievance.

115.52 (g) If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith, as confirmed by the PREA Coordinator.

During the onsite audit the PCM confirmed information contained in the PAQ (Standard 115.52) indicating 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 inmates in which the inmate declined third-party assistance.

Policy, Materials, Interviews and Other Evidence Reviewed:

1. Pre-Audit Questionnaire
2. Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies, Section 8, page 10, Inmate Grievance Procedure
3. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention
4. Interviews with the following:
 - a. Staff (Random and Specialized)verify
 - b. Inmates (Random and Targeted)
 - c. PREA Compliance Manager (PCM)
 - d. PREA Lieutenant
 - e. PREA Coordinator

Corrective action:

New Haven will issue a Unit Directive outlining all provision of Standard 115.52. New Haven 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.

Corrective action: None required

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes 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 inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (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 inmates 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

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.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education addresses the requirements of Standard 115.53.

The facility has a MOU with a local victim advocacy group, Connecticut Alliance to End Sexual Violence. The Auditor reviewed the signed MOU document. The inmate handbook provides the contact information for alternate services and the information is also posted in each housing unit. The Auditor noted victim advocacy information on each living unit.

115.53 (a) According to the PREA Coordinator, New Haven provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations called the Alliance to End Sexual Violence. The PREA Coordinator confirmed during his interview that New Haven never detains inmates solely for civil immigration purposes. New Haven provides inmates with reasonable communication between advocacy organizations in as confidential manner as possible. The Auditor interview with the Connecticut Alliance To End Sexual Violence confirmed a statewide working relationship between the local advocacy agency and CDOC.

115.53 (b) According to the PREA Compliance Manager, New Haven informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. By examination, the Auditor tested the telephone system. A recording immediately come on the line informing the inmate that all calls are subject to being monitored. All random and targeted inmates sampled during the on-site portion of this audit believed calls were being monitored.

115.53 (c) CDOC maintains a memorandum of understanding or other agreements with Alliance to End Sexual Violence, to provide inmates with confidential emotional support services related to sexual abuse. Moreover, the Auditor contacted the organization by telephone. The Alliance to End Sexual Violence confirmed that the community service providers would provide inmates with confidential emotional support services related to sexual abuse as needed. New Haven Correctional Center met the requirements for Standard 115.53.

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. MOU between New Haven Correctional Center and Connecticut Alliance to End Sexual Violence
4. Inmate Handbook (English)
5. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Lieutenant, PREA Compliance Manager

Corrective action: None required

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? 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.

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 addresses the requirements of Standard 115.54.

NHCC Inmate Handbook (English), PREA posters (English and Spanish), CSP address, CDOC website, and the Connecticut Alliance to End Sexual Violence MOU collectively meet the mandates of Standard 115.54. The CDOC website, posted notices (inside living units and visiting room) and the New Haven Inmate Handbook provide inmates with contact information to the Connecticut State Police (*9333#), toll free numbers to CDOC (*9222#), and Connecticut Alliance to End Sexual Violence (*9444) and their 24-Hour Hotline (1-888-999-5545/English or 1-888-568-8332/Spanish). The website and posted notices assist third party reporters in reporting allegations of sexual abuse/sexual harassment. The inmates interviewed indicated they were aware of third-party reporting methods and would probably feel more comfortable reporting an incident of sexual abuse to someone outside the facility. RAINN, a National Sexual Abuse Hotline (800-656-HOPE) is also available to the inmate population for reporting incidents of sexual abuse/sexual harassment. New Haven Correctional Center met the requirements for Standard 115.54.

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. MOU between New Haven Correctional Center and Connecticut Alliance to End Sexual Violence
4. CDOC website
5. Inmate Handbook (English)
6. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Lieutenant, PREA Compliance Manager

Corrective action: None required

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (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 inmates 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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
 Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- 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

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.

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 115.61.

CDOC 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. Likewise, CDOC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment. Further, CDOC requires 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.

Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Staff (random and specialized) members interviewed were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The PCM indicated that unless otherwise precluded by Federal, State, or local law, CDOC medical and mental health providers at NHCC are required to report sexual abuse pursuant to Standard 115.61. More, CDOC/NHCC medical and mental health providers affirmed that they are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Staff typically report allegations of sexual abuse to the Shift Commander, Lieutenant or Lieutenant, but reports can also be made privately or by a third party.

CDOC policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident.

Administrative Directive 6.6, Reporting of Incidents, outlines the levels or classifications of inmate disciplinary violations. Class 1 Incidents include sexual abuse with immediate evidence that it occurred; Class 2, where there is sexual abuse, however, there is no immediate evidence that it occurred; and Class 3; sexual harassment. This policy described the required reporting procedures for each level of offense. A review of policy and interviews with staff support the finding that the facility follows this standard. New Haven Correctional Center met the requirements for Standard 115.61.

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. Interviews with the following:
 - a. Staff (Random and Specialized)
 - b. Inmates (Random and Targeted)
 - c. Lieutenant, PREA Compliance Manager
 - d. PREA Unit Director/PREA Coordinator
 - g. PREA Unit Captain

Corrective action: None required

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes 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.

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, Administrative Directive 9.9 Protective Management, Section 6, Determination of Substantial Risk both address the requirements of Standard 115.62.

115.62 (a) According to the PREA Coordinator and the PCM interviewed individually, when CDOC learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.

Staff (random and specialized) staff interviewed were very aware of their duties and responsibilities when they become aware or suspect that an inmate is being sexually abused or sexually harassed. All staff (random and specialized) indicated they would act immediately to protect the inmate, including separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the Warden, facility Duty Officer, Shift Supervisor, Lieutenant, Deputy Warden, PCM and medical staff. During the Auditor interview the PCM confirmed information contained in the PAQ that in the past 12 months, there were zero instances in which New Haven Correctional Center staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. New Haven Correctional Center met the requirements for Standard 115.62.

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, Administrative Directive 9.9 Protective Management, Section 6, Determination of Substantial Risk
4. Interviews with the following:
 - a. Staff (Random and Specialized)

- b. Inmates (Random and Targeted)
- c. Lieutenant, PREA Compliance Manager

Corrective action: None required

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (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

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.

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 the requirements of Standard 115.63.

Policy requires that any inmate allegation of sexual abuse occurring while confined at another facility be reported to the Warden of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. The Auditor interviewed the PCM to established procedures that require the Warden to immediately notify the Chief Executive Officer of the other confinement facility, in writing, of the nature of the sexual abuse allegation. When the inmate reports sexual abuse/sexual harassment from state, non-bureau privatized facilities, jails, juvenile facilities, or inmate reentry centers, the Warden contacts the appropriate office of the facility and/or notifies the CDOC PREA Investigative Unit, if appropriate.

115.63 (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

115.63 (b) According to the PCM/Warden's designee the said notification would be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c) According to the PCM/Warden's designee, New Haven/CDOC would document that it has provided such notification and notify the PREA Coordinator/PREA Unit Director.

115.63 (d) According to the PCM/Warden's designee, the facility head or CDOC office that receives such notification will ensure that the allegation is investigated in accordance with these standards and Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.

In the past 12 months, New Haven received zero allegation from an inmate that he was abused while confined at another facility. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. According to the PREA Coordinator, policy also requires that an investigation is immediately

initiated. In the past 12 months, New Haven Correctional Center received zero allegation from an inmate that he was abused while confined at another facility. New Haven Correctional Center met the requirements for Standard 115.63.

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. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. PREA Investigative Unit Director, PREA Coordinator

Corrective action: None required

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (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

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.

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) addresses the requirements of Standard 115.64.

All staff (random and specialized) interviewed were extremely knowledgeable concerning their first responder duties and responsibilities upon learning of an allegation of sexual abuse/sexual harassment. Staff (random and specialized) indicated they would separate the inmates, protect the victim, secure the crime scene, prevent the destruction of usable physical evidence, and contact the Shift Commander, Lieutenant, Deputy Warden, PCM, and medical and mental health staff.

115.64 (a) According to New Haven custody staff (12) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to: Separate the alleged victim and abuser.

According to New Haven custody staff (12) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to: Separate the alleged victim and abuser.

According to New Haven custody staff (12) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

According to New Haven custody staff (12) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report is 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.

According to New Haven custody staff (12) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report is 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.

According to New Haven custody staff (12) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report is required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

According to New Haven custody staff (12) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing

teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

According to New Haven custody staff (12) sampled during the onsite portion of this audit, upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report is 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.

115.64 (b) According to New Haven non-custody staff interviewed during the onsite portion of this audit confirmed a duty as a first responder to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security Shift Supervisor, PCM and PREA Liaison Captain. The Shift Commander, Lieutenant, or PREA Liaison Captain would also be responsible to protect the inmate and notify medical, mental health, the Emergency Response Team (ERT), and administrative/executive staff

The Shift Commander, or Lieutenant would also be responsible to protect the inmate and notify medical, mental health, the Emergency Response Team (ERT), and administrative/executive staff. New Haven Correctional Center met the requirements for Standard 115.64.

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. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. Staff (Random and Specialized)
 - c. Shift Commander (intermediate or upper-level manager)

Corrective action: None required

Standard 115.65: Coordinated response

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

115.65 (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

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.

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) addresses the requirements of Standard 115.65.

115.65 (a) New Haven has 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. Policy and DOJ/CDOC First Responder Reference Guide response protocol addresses the requirements of this standard. Policies were reviewed by the Auditor. The local directive specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provides for prompt and effective intervention, in the event abuse or assault occurs. Local policy and Unit Directives also include procedures for the investigation, discipline, and prosecution of the abuser. The First Responder Reference Guide response protocol details first responder duties, reporting procedures, physical evidence collection/preservation, and medical/mental health care responsibilities. The First Responder Reference Guide response protocol was developed to assist staff in responding to allegations of prohibited and/or illegal sexually abusive behavior. New Haven Correctional Center met the requirements for Standard 115.65.

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. PREA Incident Checklist
4. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. Staff (Random and Specialized)

Corrective action: None required

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (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

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.

Connecticut Department of Correction conducts collective bargaining activities at the State level. According to the Director of Contracts, there are no current agreements in place that would 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. New Haven Correctional Center met the requirements for Standard 115.66.

Policy, Materials, Interviews and Other Evidence Reviewed:

- New Haven Correctional Center Pre-Audit Questionnaire
- Interviews with the following:
 - Lieutenant, PREA Compliance Manager
 - PREA Investigative Unit Director, PREA Coordinator

c. Agency Director of Contracts

Corrective action: None required

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 €

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 €

- 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

115.67 (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

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.

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 addresses the requirements Standard 115.67.

115.67 (a) CDOC has established a policy (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) to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

CDOC has designated the department, PREA Unit to monitor retaliation from an agency perspective. 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, prohibits any type of retaliation against any staff person or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations.

115.67 (b) CDOC employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

At the facility level, the Lieutenant, PREA Compliance Manager is charged with monitoring retaliation at the facility. Further, during his interview, the agency PREA Coordinator indicated that he also monitors inmates for retaliation following an allegation of sexual abuse, up 90 days to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing reassignments, and negative performance reviews/staff job reassignments, as required in 115.67c.

115.67 (d) In the case of inmates, retaliation monitoring also includes periodic status checks In the event of possible retaliation, the PREA Coordinator indicated that he would continue to monitor the situation indefinitely based on the circumstances.

115.67 (e) According to the PREA Coordinator, if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect individuals who cooperate with an investigation against retaliation.

Likewise, the PREA Coordinator also confirmed that he would monitor retaliation beyond 90 days if circumstances require extended monitoring to protect the victim. The PREA Coordinator and the PREA Unit Captain each confirmed that there have been no incidents of retaliation in the past 12 months as confirmed in the PAQ, and interviews with the PREA Coordinator and facility. Compliance with this standard was determined by a review of policy/documentation and staff interviews. New Haven Correctional Center met the requirements for Standard 115.67.

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. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. PREA Unit Captain
 - c. PREA Coordinator

Corrective action: None required

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes 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.

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 and Connecticut Department of Correction addresses the requirements of Standard 115.68.

115.68 (a) As confirmed by the PCM and PREA Coordinator during separate interviews, any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43. The facility's use of segregated housing to

protect an inmate who is alleged to have suffered sexual abuse is based on the requirements of Standard 115.43.

Interviews and documentation review at New Haven indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

Interviews with staff that supervise inmates in segregation indicated during an interview that if an assessment cannot be immediately completed, New Haven Correctional Center would hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The mentioned above require staff to assess and consider all appropriate alternatives for safeguarding alleged inmate victims of sexual abuse/sexual harassment.

The Deputy Warden, PCM confirmed with the Auditor that staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody (RHU), alternatives such as placing the inmate in another housing unit or transferring the inmate to another facility. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in RHU. The RHU Supervisor and PCM confirmed that to the extent possible, access to programs, privileges, education, and work opportunities would not be limited to inmates placed in RHU for the purpose of protective custody for reasons of sexual abuse or sexual harassment. Restrictions of programs, privileges, education, or work would be documented by the facility.

There were zero inmates placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy and supporting documentation, as well as a tour of the facility and staff interviews. New Haven Correctional Center met the requirements for Standard 115.68.

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. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager (PCM)
 - b. Staff (Random and Specialized)
 - c. RHU Supervisor

Corrective action: None required

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 €

- 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

115.71 (d)

- 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

115.71 €

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

115.71 (f)

- 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

115.71 (g)

- 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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- 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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes 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.

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; and 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 collectively address the requirement of Standard 115.71.

The Connecticut State Police (CSP) is identified by directive and agreement as the primary investigative authority (criminal) for the CDOC and New Haven CC. The CDOC PREA Investigative Unit serves as the principal investigators for initial inquiries and administrative investigations. The Statewide PREA Investigative Unit Director/PREA Coordinator indicated that administrative reports that are investigated by the PREA Unit but potentially criminal is investigated by CSP.

CDOC investigators (PREA Coordinator/PREA Unit Captain) confirmed during interviews the utilization of the Uniform Evidence Protocol. Where sexual abuse is alleged, CDOC uses investigators who have received specialized training in sexual abuse investigations as required by Standard 115.34, investigative training that outlines how best to investigate reports of sexual abuse and harassment in correctional confinement settings.

The PREA Investigative Unit Director/PREA Coordinator indicates that all referrals to CSP is well-documented. According to the PREA Coordinator, CSP investigations would include but not be limited to gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, assessing the credibility of an alleged victim, suspect, or witness on an individual basis, review prior reports and complaints of sexual abuse involving the suspected perpetrator and make referral for prosecutable criminal offenses to the prosecutor for action. Furthermore, the PREA Coordinator indicated that investigations for all allegations, including third party and anonymous reports would be investigated by the agency.

A total of 2 allegations of sexual abuse/sexual harassment were documented in the last 12 months. Two administrative sexual abuse/sexual harassment allegations were generated at New Haven Correctional Center and zero allegation was referred to CSP during the last 12 months, according to the PREA Unit Captain, Investigator. All investigations were investigated, closed and each inmate was notified of the outcome of the investigation in writing. Compliance with this standard was determined by a review of policy/documentation, investigative files, and staff interviews. New Haven Correctional Center met the requirements for Standard 115.71.

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. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. PREA Investigative Unit Director, PREA Coordinator
 - c. Staff (Random and Specialized)
 - d. PREA Unit Captain, Investigator

Corrective action: None required

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (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

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.

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. CDOC policies; and the interview with the PREA Coordinator collectively address the requirement of Standard 115.72.

115.72 (a) The PREA Coordinator, PREA Unit Director, Investigator confirmed that it is 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 evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. The evidence standard was utilized in the cases reviewed by the Auditor. New Haven Correctional Center met the requirements for Standard 115.72.

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 Investigative Unit Director, PREA Coordinator
 - b. PREA Unit Captain, Investigator

Corrective action: None required

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 €

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

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

115.73 €

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

115.73 (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

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.

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; and 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 collectively address the requirements of Standard 115.73.

A total of 2 allegations (two administrative and zero criminal) of sexual abuse/sexual harassment were documented in the last 12 months. All allegations were investigated, closed and each inmate was notified of the outcome of the investigation in writing. Documentation is maintained in the investigative file. Compliance with this standard was determined by a review of policy, an examination of the written notices, and staff interviews. 115.73 (a) The PREA Coordinator confirmed that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.73 (b) Criminal investigations are conducted by the Connecticut State Police (CSP). CDOC/PREA Unit request the relevant information from the Connecticut State Police to inform the inmate. Documentation is maintained in the investigative file by the PREA Unit.

115.73 (c) The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless CDOC has determined that the allegation is unfounded, or unless the inmate has been released from custody, the PREA Unit subsequently would inform the inmate whenever: The staff member is no longer posted within the inmate's unit.

115.73 (d) The PREA Coordinator confirmed that following an inmate's allegation that he or she has been sexually abused by another inmate, CDOC would 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.

The PREA Coordinator confirmed that following an inmate's allegation that he or she has been sexually abused by another inmate, CDOC would 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.

The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would subsequently inform the inmate whenever: The staff member is no longer employed at the facility.

The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless CDOC has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility.

115.73 (e) The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, CDOC has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit.

The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would subsequently inform the inmate whenever: The staff member is no longer employed at the facility.

The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility.

The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC would subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PREA Coordinator confirmed that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, the agency would subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73 (f) Auditor is not required to audit this provision. New Haven Correctional Center met the requirements for Standard 115.73.

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. PREA Investigation Tracking Log
6. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. PREA Investigative Unit Director, PREA Coordinator
 - c. PREA Unit Captain, Investigator

Corrective action: None required

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 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

115.76 (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

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.

Connecticut Department of Correction, Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline; and Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions both address the requirements of Standard 115.76.

Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of inmates 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 CDOC, unless the activity was clearly not criminal.

115.76 (a) According to the PCM, staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76 (b) According to the Human Resource Director, the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.76 (c) The New Haven, Lieutenant, PREA Compliance Manager confirmed that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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.

115.76 (d) According to the Human Resource Director, 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). 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. Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Compliance with this standard was determined by a review of policy/documentation and staff interviews. New Haven met the requirements for Standard 115.76.

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. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. PREA Investigative Unit Director, PREA Coordinator
 - c. PREA Unit Captain, Investigator

Corrective action: None required

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? 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

115.77 (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 inmates? 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.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions addresses the requirements of Standard 115.77.

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. New Haven Correctional Center met the requirements for Standard 115.77.

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. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager

Corrective action: None required

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 c

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

115.78 (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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 e

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

115.78 (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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes 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.

Connecticut Department of Correction, Administrative 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 115.78.

The Code of Penal Discipline defines sexual abuse as persons regardless of gender, consent, coercion, force of threat involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The code identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Non-consensual sex or sexual harassment of any nature is prohibited and will result in a disciplinary action. CDOC prohibits consensual sex between inmates, but it does not constitute sexual abuse. CDOC disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Penal Code.

According to the PCM, New Haven does not discipline inmates who make a PREA allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the PREA Coordinator support compliance with this standard. The PREA Coordinator and the PCM indicated that an inmate's mental disabilities or mental illness would be considered when determining the type of sanction, if any, should be imposed. Specialized staff (mental health) interviewed confirmed that if mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Interviews with specialized medical practitioners confirmed that inmates with mental disabilities require a review to determine the level of competency and to make recommendations to managers regarding penal discipline. Compliance with this standard was determined by a review of policy/documentation, an examination of the inmate penal code, and staff interviews. New Haven Correctional Center met the requirements for Standard 115.78.

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, Administrative Directive 9.5 Code of Penal Discipline
4. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. PREA Investigative Unit Director, PREA Coordinator
 - c. Specialized staff interviews

Corrective action: None required

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 €

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- 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

115.81 €

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes 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.

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, and Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6 both address the requirements of Standard 115.81.

Interviews with health and psychology services staff confirmed that New Haven Correctional Center has a system for collecting medical and mental health information on inmates. The system allows medical and mental health staff to provide an initial assessment and continued re-assessment and follow up services to the inmates.

Intake Screening for all newly admitted and interfacility transferred inmates are required to be screened by health services staff upon admission to the facility prior to placement in general population. A mental health referral and evaluation by mental health staff within 24 hours of referral is also required for the following circumstances such as:

- a. Inmates incarcerated for the first time;
- b. Inmates discharged from a psychiatric facility within the last 30 days;
- c. Inmates who, within 30 days of incarceration, have displayed or indicated a suicidal ideation but lacked a plan to carry out the suicide;
- d. Inmates with mental health concerns as identified by the court, or as reported by a concerned party;

- e. Inmates with a history (within the past three (3) years) of suicide attempts or plans, either self-reported or reported by a concerned party.

Inmates with a history of suicide attempts or ideation beyond three (3) years or inmates currently participating in outpatient mental health programs or services must be seen by mental health staff within 72 hours of admission.

Inmates indicating having experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Mental health practitioners are required to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. All mandatory reporting laws for allegations of sexual abuse must be followed.

Health care providers who were interviewed during the audit confirmed that treatment services are offered without financial cost to the inmate. When indicated, specialized medical and mental health providers confirmed a duty to offer a follow-up meeting with a mental health provider within 14 days of the intake screening with inmates having experienced prior sexual victimization or prior perpetration of sexual abuse.

Specialized staff interviews with medical and mental health providers confirmed that inmates signed and dated informed consents before reporting prior sexual victimization which did not occur in an institutional setting is disclosed to need-to-know staff. New Haven Correctional Center does not house inmates under the age of 18. Medical records are password protected or locked in file cabinets with limited access. All medical, mental health and PREA related information is handled confidentially and interviews with the intake screening staff support this fact. New Haven Correctional Center met the requirements for Standard 115.81.

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, Screening for Risk of Victimization and Abusiveness
3. Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6
4. PREA Emergency Medical and Mental Health Services Log Sample
5. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. Specialized (medical/mental health) staff interviews

Corrective action: None required

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 €

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

115.82 (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

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.

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 addresses Standard 115.82.

The facility medical and mental health personnel provide services to all inmates placed at New Haven Correctional Center. Medical personnel are on duty daily, seven days a week and are available for consultation or call-back on off duty hours. Mental health practitioners are on-site at least five days per week and are also available for call-back on off duty hours. Information and access to emergency medical care are offered to all inmate victims, as clinically indicated. Victim advocacy services are offered through trained mental health practitioners or through the Connecticut Alliance To End Sexual Violence. Agency policy prohibits inmate co-pays for medical treatment from being applied to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There was no allegation of sexual abuse that required referral for forensic examination and evidence collection by a SANE/SAFE examiner in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and interviews with a SANE/SAFE provider and facility medical staff. Secondary materials documenting compliance are on file. New Haven Correctional Center met the requirements for Standard 115.82.

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 C, page 12 – 13, Medical Staff Action
3. Interviews with the following:
 - a. PREA Compliance Manager
 - b. Specialized staff (medical and mental health)
 - c. SANE/SAFE interview

Corrective action: None required

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 €

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

115.83 (d)

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

115.83 €

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes 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.

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 addresses the requirements of Standard 115.83.

The New Haven Correctional Center offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the inmate. The facility houses male inmates. New Haven Correctional Center has fully staffed medical and mental health departments and offers victims of sexual abuse/sexual harassment medical and mental health services consistent with the standard of care available in the community. Inmate victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Mental health evaluations are conducted on all known inmate-on-inmate abusers within at least 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners. A review of documentation and interviews with medical/mental health staff support the finding that this facility follows this standard. New Haven Correctional Center met the requirements for Standard 115.83.

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 C, Medical Staff Action, page 12-13
3. Interviews with the following:
 - a. Specialized staff (medical/mental health)

Corrective action: None required

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (c)

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

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (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

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.

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 addresses the requirements of Standard 115.86.

Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The PREA Investigative Unit and CSP conduct all investigations. The PREA Investigative Unit Director, PREA Coordinator was interviewed and found to be extremely knowledgeable concerning his duties and responsibilities. The New Haven Correctional Center conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was proven to be unfounded. Based on interviews with members of the facility incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status, perceived status, or gang affiliation. The team also decides as to whether additional monitoring technology should be added to enhance staff supervision. The incident review team is comprised of upper-level management officials, including the PCM, Lieutenant, PREA Unit, medical and mental health representatives, and the Unit Manager of the alleged victim. All required sexual abuse incident reviews were completed at the conclusion of each substantiated and unsubstantiated allegation and each incident was thoroughly documented. The PCM indicated that the incident review team would seek additional information from other staff, as needed, to ensure a thorough review has been completed. New Haven Correctional Center met the requirements for Standard 115.86.

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 22, Review by Facility of Sexual Abuse Incidents
3. Interviews with the following:
 - a. Lieutenant, PREA Compliance Manager
 - b. PREA Investigative Unit Director, PREA Coordinator
 - c. PREA Unit Captain

Corrective action: None required

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

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

115.87 (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

115.87 (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

115.87 (e)

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

115.87 (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

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.

Connecticut Department of Correction, Administrative 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 both address the requirements of Standard 115.87.

CDOC collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. As confirmed by a review of 2020-2021 CDOC Annual Report, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument.

115.87 (a) Moreover, 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 CDOC collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. Problematic, the Auditor found any current evidence of the collection of uniform data to satisfy this standard. This standard requires corrective action.

115.87 (b) According to the PREA Coordinator, CDOC aggregates the incident-based sexual abuse data at least annually.

115.87 (c) According to the PREA Coordinator, CDOC the incident-based data includes, 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.

115.87 (d) According to the PREA Coordinator, CDOC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (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 inmates. During her interview the agency Contract Administrator confirmed that contract facilities are required to follow agency administrative directives which includes Connecticut Department of Correction, Administrative 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. Community facilities compile incident base data least annually and report findings, trends, and corrective actions to enhance the sexual safety of inmates.

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

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

Corrective action:

According to the PREA Coordinator, CDOC does collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. This Writer found little evidence to satisfy this standard. CDOC will provide this Auditor with evidence to satisfy this standard. The Auditor will provide CDOC with sample templates for review.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (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

115.88 (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

115.88 (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

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.

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 addresses the requirements of Standard 115.88.

Connecticut Department of Correction reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies. The identification of trends, issues or problematic areas are a priority and, if discovered, corrective action is initiated. The PREA Coordinator Managers forward data to the CDOC PREA Investigative Unit Director/PREA Coordinator. An annual report is prepared and placed on the CDOC website. Compliance with this standard was determined by a review of policy/documentation and staff interviews. 115.88 (a) According to the PREA Coordinator, CDOC reviews data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas. The Auditor found no current evidence to satisfy this standard.

According to the PREA Coordinator, CDOC reviews data collected and aggregated pursuant to § 115.87 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. The Auditor found no current evidence to satisfy this standard.

According to the PREA Coordinator, CDOC reviews data collected and aggregated pursuant to § 115.87 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. The Auditor found no current evidence to satisfy this standard.

115.88 (b) According to the PREA Coordinator, CDOC completes an agency annual report which 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. The most recent annual report posted on the CDOC official website was a 2018 report. This provision requires a corrective action.

115.88 (c) According to the PREA Coordinator, the agency's annual report would be 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. As a result of the pandemic and associated work-related challenges reports required to satisfy this standard require updating and being made readily available to the public through its website. This provision requires a corrective action.

115.88 (d) According to the PREA Coordinator, CDOC would indicate the nature of any 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.

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 23 C, Tracking and BCC, Administrative Directive 6.12
3. Form: CN 61203, PREA Incident Post-Investigation Facility Review
4. Interviews with the following:
 - a. PREA Compliance Manager (PCM)
 - b. 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. CDOC would indicate the nature of any 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. New Haven Correctional Center met the requirements for Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes 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.

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 115.89.

CDOC Retention Schedules indicates that agency records shall be retained in accordance with applicable records retention schedules as follows:

A. Schedule S-1, Administrative Records; Directive Number 4.7 Effective Date 10/22/15

- Page 4 of 4 Title Records Retention;
B. Schedule S-2, Personnel Records;
C. Schedule S-3, Fiscal Records;
D. Schedule S-4, Health Records;
E. Schedule S-5, Higher Education Records;
F. Schedule S-6, Information Systems Records;
G. Schedule RC-050.

All requests for record disposal shall be coordinated through an agency in accordance with the provisions of Directive 4.7.

The PREA Investigative Unit Director/PREA Coordinator reviews data compiled by each CDOC facility and issues a report to the Commissioner of the Connecticut Department of Correction on an annual basis. The data is securely retained and published on the CDOC website after the removal of all personal identifying information. The reports should cover all data noted in this standard. After corrective action, New Haven Correctional Center met the requirements for Standard 115.89.

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 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 2013-2017
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
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. Lieutenant, PREA Compliance Manager
 - b. PREA Investigative Unit Director, PREA Coordinator
 - c. PREA Unit Captain

Corrective action: 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 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes 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.

This was the third PREA audit of this facility. The Auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The Auditor was able to conduct private interviews with both inmates and staff. All CDOC facilities have received at least one PREA audit since August 20, 2012. At least one-third of all CDOC facilities were audited during the one-year period after August 20, 2012. The Auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout the New Haven Correctional Center allowed inmates to send confidential letters to the Auditor prior to the audit. There were no confidential letters mailed to the Auditor because of the audit postings in the housing units. New Haven Correctional Center met the requirements for Standard 115.401.

Corrective action: None required

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 AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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.

The New Haven Correctional Center has fully implemented all policies, practices and procedures outlined in the PREA standards. The Auditor reviewed applicable standards and through the review of supporting documentation, interviews with staff, inmates, and the observation of physical evidence, concluded that after corrective action the facility fully met and with the PREA standards for the relevant review period. The public has access to reporting mechanisms and CDOC PREA trends data via the CDOC website was apparent after corrective action. New Haven Correctional Center met the requirements for Standard 115.403.

Corrective action: 115.403 (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. After corrective action a review of the website found updates to final reporting in compliance with Standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor 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

12/09/2021

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.