

PREA Facility Audit Report: Final

Name of Facility: Cheshire Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/18/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 06/18/2022

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	04/25/2022
End Date of On-Site Audit:	04/27/2022

FACILITY INFORMATION	
Facility name:	Cheshire Correctional Institution
Facility physical address:	900 Highland Avenue , Cheshire , Connecticut - 06410
Facility mailing address:	

Primary Contact	
Name:	Marcin Domitrz
Email Address:	marcin.domitrz@ct.gov
Telephone Number:	860-690-2329

Warden/Jail Administrator/Sheriff/Director	
Name:	Jennifer Reis
Email Address:	Jennifer.Reis @ct.gov
Telephone Number:	203-651-6066

Facility PREA Compliance Manager	
Name:	Robert Calo
Email Address:	Robert.Calo@ct.gov
Telephone Number:	
Name:	Marcin Domitrz
Email Address:	Marcin.Domitrz@ct.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Vincent Santavenere
Email Address:	vincent.santavenere@ct.gov
Telephone Number:	203-651-6179

Facility Characteristics	
Designed facility capacity:	1549
Current population of facility:	1143
Average daily population for the past 12 months:	1048
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19-75
Facility security levels/inmate custody levels:	(Level 1=9)(Level 2=76)(Level 3=115)(Level 4=951)(Level 5=1)
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	508
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:	45

AGENCY INFORMATION	
Name of agency:	Connecticut Department of Correction
Governing authority or parent agency (if applicable):	
Physical Address:	24 Wolcott Hill Road , Wethersfield, Connecticut - 06109
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	David McNeil	Email Address:	David.mcneil@ct.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-25
2. End date of the onsite portion of the audit:	2022-04-27

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International Connecticut Alliance To End Sexual Violence Connecticut Sexual Assault Crisis Services, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1549
15. Average daily population for the past 12 months:	1048
16. Number of inmate/resident/detainee housing units:	16
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1180
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	On day one of the on-site audit five (5) Inmates were identified as targeted; one (1) was hard-of-hearing, two (2) had physical disabilities, and one (1) identified as transgender or intersex. One Inmate who corresponded with the auditor prior to the on-site portion of the audit was also interviewed.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	508
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	45
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	35
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor select 35 random inmates for interview, inmates from each housing units, by age, by ethnicity and by race using the Inmate Roster provided by the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	On day one of the on-site audit the facility's population was 1180 however, 100 inmates were available for interview due to inmates in quarantine due to Covid concerns.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the on-site portion of the audit, the facility reported there were no inmates who had a cognitive or functional disability.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the on-site portion of the audit, the facility reported there were no inmates who were Blind or had low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the on-site portion of the audit, the facility reported there were no inmates who were LEP.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the on-site portion of the audit, the facility reported there were no inmates who identified as lesbian, gay or bisexual.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the on-site portion of the audit, the facility reported there were no inmates who reported sexual abuse.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the on-site portion of the audit, the facility reported there were no inmates who had disclosed prior sexual victimization during risk screening.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the on-site portion of the audit, the facility reported there were no inmates who had been placed in segregated housing/isolation for risk of sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The audit selected five (5) targeted inmates for interview; two (2) with physical disabilities, one (1) transgender, one (1) inmate who was hard of hearing, and one (1) who communicated with the audit via mail prior to the on-site portion of the audit.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>20</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor had no barriers completing random staff interviews. Staff were selected for interview by shift assignment, work assignment, and rank.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>There were no volunteer actives during the on-site portion of the audit. One (1) non-medical staff member involved in cross-gender searches was also interviewed.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The auditor reviewed inmate files, made observations throughout the on-site audit, thoroughly reviewed large samples of documentation, tested processes including checking victim/aggressor assessment time periods, testing phones, and interviewed staff, contractors and inmates. Multiple personnel files were reviewed to assess the hiring process and background checks, and investigations were reviewed for accuracy. The auditor reviewed staff, inmates, and contractors PREA acknowledgement statements, training records, NIC certificates, SANE Logs, evaluation logs, staffing plans, shift rosters, and post assignments. The facility also provided the auditor upon arrival, an Inmate Roster Housing Assignment, and using this report, the auditor was able to identify targeted and random inmates for interview.</p> <p>The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor should inmates, staff, contractors, volunteers, or outside interested parties could privately correspond with the auditor. During the on-site review of the facility the auditor informally talked with inmates and staff. Prior to the onsite portion of the audit the auditor received one correspondence from an inmate.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

. During the on-site audit the facility was requested to provide documentation and the documentation was readily available.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	4	0	4	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	7	0	7	0

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

No text provided.

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The facility was unable to provide investigation information due to agency final approval of reports.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The facility was unable to provide investigation information due to agency final approval of reports.

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	1	0
Staff-on-inmate sexual abuse	0	3	0	0
Total	0	6	1	0

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The facility was unable to provide investigation information due to agency final approval of reports.

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The facility was unable to provide investigation information due to agency final approval of reports

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

The facility was unable to provide investigation information due to agency final approval of reports.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

7

a. Explain why you were unable to review any sexual abuse investigation files:

The facility was unable to provide investigation information due to agency final approval of reports.

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

- Yes
- No
- NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

4

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility had no allegations of sexual harassment.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility had no sexual harassment allegations.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
<p>AUDITING ARRANGEMENTS AND COMPENSATION</p>	
<p>121. Who paid you to conduct this audit?</p>	<p> <input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
<p>Identify the name of the third-party auditing entity</p>	<p>Diversified Correctional Services, LLC</p>

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1485 465">Administrative Directive and Documents Reviewed: Connecticut Department of Correction (CTDOC) Directive 6.12, and Unit Directive 6.12 Sexual Assault Prevention; Connecticut Department of Correction Organizational Chart; Statewide PREA Structure (Organizational Chart depicting lines of authority and responsibility for the PREA Unit); Cheshire Correctional Institution Organizational Chart, Connecticut Department of Correction, Unit Directive 6.12., Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Employee PREA Training Curriculum, Inmate Admission and Orientation (A&O) Handbook</p> <p data-bbox="240 501 919 528">Interviews: Agency PREA Coordinator, PREA Compliance Manager</p> <p data-bbox="240 564 1461 712">Discussion of Administrative Directive Reviewed: The Agency appears to have been proactive in instilling a zero-tolerance for all forms of sexual abuse, sexual harassment, and retaliation for reporting or for cooperating with an investigation. Specific to this facility, the Warden has designated the Deputy Warden as the PREA Compliance Manager. The PREA Compliance Manager's comprehensive approach to implementing a program for prevention, detection, responding and reporting sexual abuse and sexual harassment at this facility was impressive.</p> <p data-bbox="240 748 1469 896">The agency has Administrative Directive mandating a zero-tolerance Directive and the comprehensive PREA Directive (Directive 6.12) addresses the agency's comprehensive approach to prevention of sexual abuse and sexual harassment as well as its approach to detection, responding and reporting sexual abuse and sexual harassment. The agency's Administrative Directive begins with a statement of Policy and applicable procedures. The Directive prohibits retaliation for reporting or participating in an investigation and mandates a zero tolerance for retaliation.</p> <p data-bbox="240 931 1485 1057">The Director oversees compliance with American Correctional Association (ACA) Standards, and Americans with Disabilities Act Compliance. In addition, the Director of the Compliance Unit supervises the Directive Administrator and the agency's Auditing Component. The Auditing Component audits CTDOC facilities for compliance with Administrative Directive and procedures.</p> <p data-bbox="240 1093 1485 1384">Connecticut Cheshire Correctional Institution is required to comply with the Connecticut Department of Correction Administrative Directive, including PREA. The agency has also determined all facilities will comply with the Standards promulgated by the American Correctional Association and will undergo auditing by ACA. The Connecticut Department of Correction PREA Directive addresses and integrates the elements of the PREA Program, and includes the agency's approach to prevention, detection, responding and reporting. The agency has identified sanctions for staff, contractor, or inmates for violating any agency sexual abuse or sexual harassment Directive and presumptive sanctions for employees is termination, banning contractors and volunteers from further contact with inmates and from the facility, until the conclusion of an investigation. The ban is statewide, preventing the contractor or volunteer from entering any CTDOC facility until an investigation has been completed.</p> <p data-bbox="240 1420 1398 1447">Site Review: Observed though out the facility: PREA related posters; phones with PREA Hotline dialing instructions.</p> <p data-bbox="240 1482 1461 1568">It is obvious that the Connecticut Department of Correction and Connecticut Cheshire Correctional Institution takes inmate sexual safety seriously. This is based on several factors. The Statewide PREA Director has the responsibility for the entire state. The PREA Director is involved in capturing data for planning, corrective action and other purposes.</p> <p data-bbox="240 1603 1485 1688">Statistics are used by the Department to analyze issues related to PREA and are used to compile the Agency's Annual Report. He also provides a check and balance for collecting accurate information about sexual assault. Facilities are required to report all allegations of sexual abuse or harassment to the PREA Director.</p> <p data-bbox="240 1760 1469 1886">The Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Directive are implemented. The Warden has, as required, developed a Local Procedure Directive for response to sexual allegations. The Directive reflects the institution's unique characteristics and specifies how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations.</p> <p data-bbox="240 1921 1485 2047">Discussion of Interviews: In an interview, the PREA Compliance Manager indicated he makes time to perform all of his PREA related responsibilities. He also indicated that he has the complete support of the Warden who has given him the authority and responsibility for implementing the standards and for maintaining compliance. The Facility Organizational Chart depicts the PREA Compliance Manager as having direct access to the Warden.</p> <p data-bbox="240 2083 1493 2136">Inmates, staff, contractors and volunteers are trained on the zero-tolerance Directive. They also acknowledge that violation of the Directive will result in disciplinary action, including termination or being banned from entering any correctional institution.</p>

Designated staff completed the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings, in addition to the specialized training for their respective fields i.e., Medical and Mental Health staff attended training on Nursing Protocols and complete the NIC Training entitled, Medical Care for Victims of Sexual Abuse in a Confinement Setting.

Offenders are provided PREA related information upon admission to the facility during the intake process. All incoming inmates are provided education and information about zero tolerance.

Allegations and reports, regardless of the source, are required to be documented and investigated. Staff stated they would report the allegation immediately to their immediate supervisor and follow up with a written statement prior to the end of their shift. They said they would report "everything" regardless of how they received the information or whether it involved a staff, inmate, contractor or volunteer or visitor.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Administrative Directive and Documents Review: Connecticut Department of Correction Administrative Directive, 6.12, , Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire</p> <p data-bbox="229 367 1509 430">Interviews: Agency Contracts Administrator, Warden and PREA Compliance Manager</p> <p data-bbox="229 430 1509 586">Discussion of Administrative Directive and Documents Reviewed: Connecticut Department of Correction Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 5, requires the Department to ensure that contracts and renewal contracts for the confinement of inmates with private agencies and governmental agencies include the entity's obligation to adopt and comply with PREA Standards.</p> <p data-bbox="229 586 1509 810">Community Confinement. Any contract entered by the Connecticut Department of Correction with a private entity that provides for the housing of residents in the community must include a requirement that the private entity adopt and comply with PREA standards and shall provide for monitoring by the Department to ensure the private entity's compliance with PREA Standards. Only in emergency circumstances in which all reasonable attempts to find a private entity in compliance with PREA standards have failed may the Department contract with a private entity that fails to comply with PREA standards. In such a case, the unsuccessful attempts to find a private entity in compliance with PREA standards must be documented.</p> <p data-bbox="229 810 1509 922">The agreements are between the Connecticut Department of Correction and Governmental Entity responsible for operation of the prisons. Each of the reviewed contracts contained the same verbiage requiring the adaptation of the PREA Standards and complies with them. They also acknowledged that the Department monitors the facilities for compliance.</p> <p data-bbox="229 922 1509 1034">The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 14</p> <p data-bbox="229 1034 1509 1126">Discussion of Interviews: Connecticut Cheshire Correctional Institution does contract for the confinement of offenders. This was confirmed through interviews with the Agency Contracts Administrator, Warden and PREA Compliance Manager.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1465 398">Administrative Directive and Documents Reviewed Connecticut Department of Correction Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Administrative Directive 2.15 Hazardous Duty Staff Development, Administrative Directive 6.12 Staff Monitoring and Intervention (Sexual Abuse), Connecticut Cheshire Correctional Institution Staffing Plan, Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire</p> <p data-bbox="240 432 767 459">Interviews: Warden and PREA Compliance Manager</p> <p data-bbox="240 490 1477 714">Discussion of Administrative Directive and Documents Reviewed: Connecticut Department of Correction Administrative Directive 2.15, Staffing Plan. The agency PREA Coordinator shall assist in the development and documentation of a staffing plan that provides for adequate levels of staffing in all facilities, and, where applicable, video monitoring to protect inmates against sexual abuse. Each facility must document and justify all deviations from the staffing plan. Whenever necessary, but at least once a year for each facility, the agency PREA Coordinator shall, in consultation with others in the agency, assess, determine and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan.</p> <p data-bbox="240 745 1485 1072">Staff Monitoring and Intervention (Sexual Abuse). Staff, volunteers, vendors and contractors shall treat any observation of sexual activity as potential sexual abuse. All staff, vendors, volunteers and contractors shall report any instance of suspected, alleged or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse, or staff neglect or violation of responsibilities contributing to sexual abuse to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive 6.6, Reporting of Incidents. Supervisory staff on all shifts shall conduct random, unannounced tours throughout their area(s) of responsibility in accordance with Administrative Directive 6.1, Tours and Inspections. Staff shall not alert other staff to the fact that these tours are occurring, unless doing so is related to legitimate operational concerns. The use of video surveillance cameras shall be used to augment staff tours for increased observation. Each facility shall identify blind spots where sexual abuse is at higher risk of occurring and develop a strategy to compensate for such areas</p> <p data-bbox="240 1104 1425 1198">Facilities are also required to document and justify all deviations on the Daily Post Roster. Annually, the facility, in consultation with the Department's PREA Coordinator, assesses, determines and documents whether adjustments are needed to the established staffing plan and deployment of video monitoring systems.</p> <p data-bbox="240 1229 1485 1391">The Connecticut Department of Correction Administrative Directive requires each facility to develop a staffing plan addressing adequate staffing and deployment of video monitoring, to protect offenders from sexual abuse. The Connecticut Department of Correction facilities develop a stratification plan that essentially provides a brief overview of the facility and the plan for housing the population served by this facility. Connecticut Cheshire Correctional Institution has developed and documented a staffing plan that provides for adequate levels of staffing to attempt to keep inmates safe.</p> <p data-bbox="240 1422 1485 1615">Staffing levels are essentially based on the mission of the facility, population served, security levels of offenders, special needs of offenders, programs, work details and the numbers of identified priority one posts. Priority one posts, are those that are so critical they must be manned 24/7. The facility may also have other posts that need to be staffed for optimum operational conditions but are a lessor priority than the posts that must be manned 24/7. Priority two and three posts are needed for the optimal operation of the facility but lower priority posts and may be closed in order to staff higher priority level posts. Some posts may be closed because their function has ceased at a given time of day or night.</p> <p data-bbox="240 1646 1485 1771">In considering the layout of the facility, the staffing plan describes in detail staffing and video deployment. The plan requires intermediate level or higher-level staff to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Rounds are to be documented in the area log books. Documentation verifying random unannounced rounds for a period for twelve months were being conducted, as per Administrative Directive requires.</p> <p data-bbox="240 1803 1485 2027">Administrative Directive requires unannounced rounds by supervisory staff with the intent of identifying and deterring sexual abuse and sexual harassment every week, including all shifts and of all areas. These rounds are to be documented in area logbooks and staffs are prohibited from alerting other staff of the rounds. Duty Officers are required to conduct unannounced rounds and these rounds are documented in the Duty Officer's Logbook. The facility provided the auditor with a memo directive for upper-level staff to complete unannounced rounds weekly per Administrative Directive 6.12. Staff are prohibited from alerting other staff when unannounced rounds (tours) are conducted at the facility. These rounds (tours) should occur during all shifts during waking and sleeping hours, weekdays, weekends, and holidays.</p> <p data-bbox="240 2036 1469 2130">The staffing plan documented consideration of the inmate population and programs being held on different shifts, the presence of video monitoring and priority one (24/7) posts. The staffing plan review is conducted by the Warden and PREA Compliance Manager and then, by either the Statewide PREA Coordinator, or Assistant Statewide PREA Coordinator.</p>

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 1121

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 1121

Cheshire Correctional Institution Unit houses up to 1549 inmates.

In considering the layout of the facility, the staffing plan describes in detail staffing and video deployment. The staffing plan requires intermediate level or higher-level staff to conduct and document unannounced rounds (tours) to identify and deter sexual abuse and sexual harassment. Rounds are to be documented in the area log books. Documentation verifying random unannounced rounds (tours) were being conducted, as per Administrative Directive requires.

Discussion of Interviews: The Warden described the staffing levels at the facility and identified the priority 1 posts that are covered be covered 24/7, as well as priority 2 and 3 posts that can be pulled to cover a priority 1 post if needed. Cheshire Correctional Institution has had deviations from the staffing plan during the 12-months preceding the audit, all deviates were appropriately documented using the Emergency Staffing Incident Report

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 331">Administrative Directive and Document Review: Connecticut Department of Correction Administrative Directive 9.2 Offender Classification, Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire</p> <p data-bbox="240 360 732 387">Interviews: Warden, PREA Compliance Manager</p> <p data-bbox="240 418 1493 580">Administrative Directive Review: The Connecticut Department of Correction PREA Administrative Directive 9.2 requires that youthful offenders are sight and sound separated from adults and that where youthful offenders are maintains they must be housed in a separate unit and have access to programs and exercise. When outside the unit, they must be sight and sound separate unless they are accompanied by and supervised by a correctional officer. This Administrative Directive only pertains to Manson Youth Institution.</p> <p data-bbox="240 609 1493 804">In areas outside of housing units, staff must either, maintain sight and sound separation between Youthful Offenders and adult offenders, or provide direct staff member supervision when Youthful Offenders and adult offenders have sight, sound, or physical contact. Efforts shall be made by the assigned institution to avoid placing Youthful Offenders in isolation to comply with this provision. Absent of Exigent Circumstances, Youthful Offenders shall not be denied daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful Offenders shall also have access to other programs and work opportunities to the extent possible.</p> <p data-bbox="240 833 1398 896">There are no youthful offenders assigned to this prison. This was confirmed through reviewed Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire, site review, and interviews with staff during the on-site audit.</p> <p data-bbox="240 925 1469 987">Discussion of Interviews: Interviews with the Warden and PREA Compliance Manager confirmed youthful offenders are not housed at this facility and Administrative Directive 9.2 only pertains to Manson Youth Institution where youth are housed.</p>

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1425 362">Administrative Directive and Document Review: Connecticut Department of Correction Administrative Directive 6.12, CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Administrative Directive 6.7 Searches Conducted in Correctional Facilities, Connecticut Cheshire Correctional Institution Pre- Audit Questionnaire</p> <p data-bbox="240 398 1457 456">Interviews: Non-medical (involved in cross-gender strip or visual searches); Random Staff; Inmates; Transgender/Intersex Inmate</p> <p data-bbox="240 488 1489 712">Discussion of Administrative Directive and Documents Reviewed: The Connecticut Department of Correction (CTDOC) prohibits cross gender strip searches or cross-gender visual body cavity searches, and cross gender pat searches of females except in exigent circumstances that are approved and documented or when performed by medical practitioners. If this should occur, documentation is required via a CTDOC Incident Report. This is confirmed through the reviewed Administrative Directive, annual in-service training lesson plan, and interviews with both staff and inmates. In practice, interviews with staff and inmates confirmed that male staffs do not conduct cross gender strip searches however both male and female officers conduct pat searches.</p> <p data-bbox="240 743 1457 801">CTDOC Administrative Directive 6.7 Searches Conducted in Correctional Facilities does allow male staffs, who have been trained in conducting cross-gender searches, to conduct pat searches of female inmates.</p> <p data-bbox="240 833 1473 922">The CTDOC Search Administrative Directive requires that a strip search of females shall be conducted by female correctional officers while males shall be strip searched by male correctional officers, however in an emergency such as an escape, riot etc., the provision may be waived.</p> <p data-bbox="240 954 1473 1057">CTDOC Administrative Directive 6.7 requires that prohibiting cross gender pat searches of females will not restrict female offender's access to regularly available programming or other out-of-cell opportunities in order to comply with the provisions. This facility does not house female inmates.</p> <p data-bbox="240 1088 1473 1245">CTDOC Administrative Directive 6.12 E Showering and Bodily Functions requires that Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical 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. Staff of the opposite gender must announce their presence when entering an inmate housing unit when no other staff of the opposite gender is present.</p> <p data-bbox="240 1276 1489 1671">CTDOC Administrative Directive 6.12 D Transgender and Intersex Inmates. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year by the unit counselor to review any threats to safety experienced by the inmate. The results of the review shall be documented on the inmate classification history form in section 5 of the inmate master file. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The Department shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, 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 such inmates.</p> <p data-bbox="240 1702 1457 1760">Signs are also posted in each dorm, explaining that female staff typically works in the dorms. Interviewed offenders stated female officers generally announce their presence when entering the housing area.</p> <p data-bbox="240 1792 1473 1948">Administrative Directive CTDOC Administrative Directive 6.12 E requires that the facility refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status and if an inmate's genital status is unknown, the facility may 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.</p> <p data-bbox="240 1980 1473 2114">One hundred percent of the interviewed staff affirmed they would not be allowed to search a transgender or intersex inmate for the sole purpose of determining the resident's genital status. They indicated essentially that they would ask them or have medical make that determination. The interviewed transgender inmate reported has not been searched for the sole purpose of determining his genital status.</p>

Agency Administrative Directive 6.7 Searches Conducted in Correctional Facilities requires and the facility trains staff to conduct cross gender pat down searches in a professional and respectful manner.

Staff indicated they also get the training annually, and during shift briefings. CTDOC Administrative Directive 6.7, Searches Conducted in Correctional Facilities requires this as well. This Administrative Directive requires the Department to train security staff to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs.

The reviewed training curriculum reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staffs are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances and must be documented on an incident report.

The auditor reviewed the training module for in-service training and training logs. That training reaffirmed the verbiage in Administrative Directive. Multiple pages of training rosters documenting Day 1 In-Service were provided for review. Staff also affirmed, in their interviews, that they have been trained in how to conduct a proper pat search of offenders, to include transgender and intersex offenders.

Discussion of Interviews: Interviewed staff affirmed they are prohibited from conducting cross-gender strip searches except in dire emergencies and then only if a male staff is not available. They indicated they are trained to conduct cross-gender pat searches and searches of offenders in professional and respectful manner. They confirmed that search training, including cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner is taught during training.

The reviewed training curriculum, reminds staff that security staff must conduct searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staffs are instructed that female staff may conduct strip and body cavity searches of male inmates only in exigent circumstances and must be documented on an incident report.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

Discussion of Interviews: Staff of the opposite gender consistently announces their presence when entering housing units. The facility also documents in the logbook when female staff are in the living units and the reasons for being on the unit. Most of the interviewed inmates affirmed female staff not working in the unit announces their presence when entering the housing units. Observation indicated that an inmate is assigned to announce to the unit anytime any visitor enters the unit. Female staff were observed making their announcement. Interviews with staff and offenders confirmed inmates can shower, perform bodily functions and change clothing without being viewed by staff.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Administrative Directive and Documents Reviewed: Connecticut Department of Correction Administrative Directive 6.12 CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Administrative Directive 10.19 Americans with Disabilities, Contract with Language Line Services, Inc.; and PREA Brochures in English and Spanish; Instructions for Accessing Language Line Services, Inc., Cheshire Correctional Institution PAQ</p> <p>Interviews: Warden, Random staff</p> <p>Discussion of Administrative Directive and Documents Reviewed: Administrative Directive 10.19 Americans with Disabilities Act 4. General Provisions. Qualified inmates with disabilities shall not be excluded from participating in or denied the benefits of DOC's programs, services or activities, including but not limited to, education, vocation, recreation, religious services and telephones. DOC shall not provide inmates with disabilities services that are unequal to those afforded to inmates who do not have disabilities.</p> <p>a. Housing. Inmates and detainees with disabilities shall be housed in the most integrated setting appropriate to the needs of the individual. This is a setting that enables such individuals to interact with non-disabled persons to the fullest extent possible. Inmates with disabilities shall not be housed in medical areas unless they are receiving medical care or treatment.</p> <p>b. Benefits, Aids and Services. Inmates with disabilities shall be provided benefits, aids or services that are provided to other inmates, including, but not limited to work programs, education, recreation, spiritual programs, life skills and early release opportunities.</p> <p>c. Restraint. Inmates who have hearing disabilities and communicate through sign language shall be restrained in a manner that will permit effective communication, unless legitimate and articular safety concerns dictate otherwise. Such methods may include; restraining the inmate's hands in the front of their body, so they can sign, or releasing one hand from the restraints so the inmate may write.</p> <p>d. Identification. Inmates who meet the requirements set forth in this directive for Auxiliary Aids and Services, may has such services noted on the inmate identification card.</p> <p>Disability Rights Coordinator (DRC). The Commissioner or designee shall appoint the Department Disability Rights Coordinator. The DRC shall be knowledgeable regarding the provisions of the Americans with Disabilities Act (ADA) in order to coordinate the requirements of the ADA with respect to inmates. The duties of the Department DRC shall include, but not be limited to, the following:</p> <p>a. Develop procedures for the prevention of discrimination for inmates with disabilities.</p> <p>b. Analyze the Department's administrative directives, unit directives, policies and procedures and recommend changes when necessary to assist in compliance with the ADA with respect to inmates.</p> <p>c. In consultation with facility and Department Administrators, coordinate the planning and purchasing of adaptive equipment for qualified inmates with disabilities.</p> <p>d. In consultation with the Director of Facilities Management and Engineering Services recommends structural changes, where warranted, to comply with ADA requirements with respect to inmates.</p> <p>e. Coordinate training for all Unit ADA Coordinators on the requirements of this Directive.</p> <p>f. Provide assistance to staff, including Unit ADA Coordinators in determining whether and how accommodations may be provided to inmates.</p> <p>g. Facilitate ongoing training for Unit Administrators, ADA Coordinators, and appropriate supervisory personnel and maintain records of all training.</p> <p>h. Ensure statewide accessible log for accommodation requests is made available to all coordinators and all coordinators have been provided training on documentation of such.</p> <p>i. Review monthly unit reports related to ADA activity and compile statistics to track ADA compliance with respect to inmates.</p> <p>6. Unit ADA Coordinator. Each Unit Administrator as well as the Director of Parole and Community Services shall appoint a supervisor/manager to act as Unit ADA Coordinator who shall be trained, in person and in advance of the appointment, in the requirements of this Directive and those ADA requirements that are relevant to the Unit ADA Coordinator's duties. The duties of the Unit ADA Coordinator shall include, but not be limited to, the following:</p> <p>a. Review proposed and existing unit directives, policies and procedures to assess compliance with Department guidelines regarding ADA compliance with respect to inmates. Provide recommendations to the Unit Administrator for potential corrective action.</p> <p>b. Conduct initial processing of CN 101902, Requests for Reasonable Accommodation forms. In consultation with the Unit Administrator, the ADA Coordinator shall resolve requests for accommodation, consistent with the professional evaluation of the disability.</p> <p>c. Ensure adequate copies of the forms to this Directive are available in each facility housing unit.</p> <p>d. Ensure appropriate documentation on reasonable accommodation is maintained in the inmate's master file.</p>

- e. Notify unit staff of inmate disability accommodation and any advisable modification of unit procedure review daily transfer lists to coordinate and share facility management plans and communicate with the receiving facility ADA coordinator.
- f. Submit a monthly ADA report to the Unit Administrator and the Department DRC as required.
- g. Ensure the facility is equipped with working effective communication devices that include options for privacy.
- h. Ensure qualified interpreters are made available upon request for programs and services.
- i. Attend annual training regarding effective communication, the requirements of this directive and the ADA .

7. Inmate Admission and Orientation. All inmates shall be advised of their right to reasonable accommodations, the method for requesting such accommodation and the procedures for seeking an administrative remedy of a denial or modification of such requested accommodation.

a. Admission.

i. Inmates who are deaf, blind, or have other known or suspected disabilities that may significantly limit access to programs and services in the facility, shall be immediately referred to the unit ADA coordinator to ensure appropriate evaluation and services can be made available. Immediate evaluation may include medical and mental health referral and assessment for services.

ii. Each newly admitted inmate shall be asked if they require a Reasonable Accommodations and if so shall be provided form CN 101902

b. Orientation. Classification and health services staff shall, as a component of the facility orientation process, present in oral, written or video format the inmate notice of rights, CN 101901. A CN 101901, Americans with Disabilities Act - Notice of Rights shall be part of the orientation packet.

The agency and the prison appear to be committed to ensuring inmates with disabilities, including inmates who are deaf/hard of hearing, blind or low vision, intellectually disabled psychiatrically disabled or speech disabled have access to interpretive services that are provided expeditiously through professional interpretive services. They also appear to be committed to ensuring inmates with limited English proficiency have access to interpretive services.

Interpretive services may be accessible through a variety of statewide contracts that can be accessed by each CTDOC facility, Language Line Services, Inc., CTDOC Approved Bi-Lingual Staff, PREA Brochures in Spanish, Mental Health Counselors, GED and Literacy Remedial Instructors at the facility, and closed caption PREA Video are provided in an effort to ensure all inmates have access to and the ability to participate in the agency's efforts at prevention, detection, responding and reporting sexual abuse and sexual harassment.

The agency (CTDOC) has a DRC who is responsible for overseeing and coordinating the agency's efforts to comply with the ADA requirements. The DRC works in direct collaboration with the State ADA Coordinator's Office and serves as an invaluable resource when a facility needs any type of interpretive service to ensure an inmate can fully participate in the agency and facility's prevention, detection, response and reporting program for sexual assault, sexual harassment and retaliation.

The DRC has required each facility to designate a Unit ADA Coordinator who can facilitate and expedite contact with the Statewide ADA Coordinator in securing interpretive services and work with her on any issues related to disabled inmate accommodations.

The prison has an agreement with Language Line Services, Inc. to provide interpretation services. Language Line Services, Inc. can provide interpretation services over the phone, video remote and through on-site interpreting. Contract services, it affirms, also includes American Sign Language. The facility also has PREA documentation available for inmates and is in English and Spanish format. If interpretation is needed for any other language, the contracted translation service provided by Language Line Services, Inc. includes documentation translation.

The prison has a limited English proficiency procedure affirming the facility will provide all necessary means to provide LEP offenders with PREA Information. This can be implemented through a staff interpreter, if the facility has one and PREA Pamphlet in Spanish, Language Line Services, Inc., and PREA Posters in Spanish and English. In the past twelve months interpreter services had not been utilized by the facility.

Counseling staff are available to ensure that inmates with limited educational skills receive and understand how to access all the aspects of PREA, including prevention, detection, responding and reporting. Staff would read the PREA information to the inmate upon admission and additionally, PREA Education is provided through the PREA Video and verbally to clarify any issues.

Observations: Posting of PREA Brochures in English and Spanish.

In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations: 0

Discussion of Interviews: The auditor conducted a telephone interview with the DRC. According to the Coordinator if the

facility had a limited English proficient inmate needing translation services the facility has access to Language Line Services, Inc. when needed. The DRC also affirmed the availability of translators or interpreters for the hearing impaired via statewide contracts and indicated that the interpreter service would be called if needed.

Interviews with random staff indicated that staff would not rely on an inmate to translate for another inmate in making a report of sexual abuse or sexual harassment absent an emergency or exigent circumstance. Interpretive services would be accessed through Language Line Services, Inc. More than adequate services are available to accommodate inmates needing interpretative services. Staff interviewed were aware of how these services are accessed. Inmates with cognitive and hearing disabilities are assisted by counselors and mental health professionals. No inmate has required the use of Language Line services during the 12-months preceding the audit.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1430 360">Administrative Directive and Documents Reviewed: Connecticut Department of Correction Administrative Directive 6.2, CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Administrative Directive 2.3 Employee Selection, Transfer and Promotion, Cheshire correctional Institution PAQ</p> <p data-bbox="240 396 632 423">Interview: Human Resources Manager</p> <p data-bbox="240 454 1485 745">Discussion of Administrative Directive and Documents Reviewed: The Connecticut Department of Correction, as required in Administrative Directive, prohibits the hiring or promotion of anyone or enlisting the 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; who has 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; and the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the same activity. The Department considers any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders. Administrative Directive requires every employee, as a continuing affirmative duty to disclose any such misconduct.</p> <p data-bbox="240 777 978 804">Administrative Directive 2.3 Employee Selection, Transfer and Promotion:</p> <p data-bbox="240 835 1469 893">I. The Department of Correction shall not hire anyone who may have contact with inmates who is known to the Department of Correction to have:</p> <ol data-bbox="240 902 1485 1097" style="list-style-type: none"> <li data-bbox="240 902 1485 992">1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care. <li data-bbox="240 1001 1437 1059">2. Been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or <li data-bbox="240 1068 1422 1097">3. Was civilly or administratively adjudicated to have engaged in the activity described in subsection (2) of this section. <p data-bbox="240 1128 1265 1155">Before hiring new employees, who may have contact with inmates, the Department of Correction shall:</p> <ol data-bbox="240 1164 1485 1456" style="list-style-type: none"> <li data-bbox="240 1164 691 1191">1. Perform a criminal background check; and <li data-bbox="240 1200 1485 1290">2. 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. <li data-bbox="240 1299 1485 1456">3. 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 institution 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. <p data-bbox="240 1487 1469 1715">9. Candidates Packets. The candidate's packet shall contain individual information which is maintained by the assigned Human Resources representative. The packet shall be used to gather information essential to the recruitment and selection process. It shall include, if applicable: the Connecticut Department of Correction Application for Employment Form; (CT-HR12); Examination Score; Interview Assessment Sheet; Writing Sample; Background Investigation, including COLLECT Background Report; Employment Verification form; Release of Information form; Physical Examination including drug screening results; and a copy of high school/GED, college degree/transcripts, and/or appropriate certification and licensure, as required.</p> <p data-bbox="240 1747 1485 2074">10. Appointment and Promotion. Appointment and promotion shall be governed by the Connecticut State Merit System and collective bargaining process. It shall be the responsibility of the applicant or staff member to disclose any past criminal conviction(s) or pending criminal charge(s). Failure to fully and accurately detail such criminal background or previous employment history shall be grounds to exclude the applicant from further consideration and shall be grounds to dismiss a current employee. Each candidate shall receive a complete background investigation prior to appointment or promotion. If the investigator receives a positive response to any of the inquiries contained in the background investigation, the candidate shall be provided an opportunity to respond to (i.e., deny or confirm) the background information. Based on the responses provided and subject to verification, a determination shall be made as to whether the candidate shall be allowed to continue with the selection process. Each such case shall be reviewed by the Human Resources Recruitment Manager in consultation with the Director of Human Resources or designee.</p> <p data-bbox="240 2105 1430 2163">Connecticut Department of Correction Administrative Directive 6.2, CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention:</p>

B. Continuing Duty to Disclose. Any current or newly hired staff member has a continuing duty to disclose any finding that they have engaged in sexual abuse/ harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care. Material omissions regarding such misconduct or the provision of materially false information regarding such misconduct may be grounds for termination. Staff are also subject to the reporting requirements of Administrative Directives 2.17 and 2.24 with respect to arrests, restraining orders and criminal summons. The Department of Correction shall also perform a criminal background records check at least every five years of current employees.

8. Selecting Contractors, Vendors and Volunteers. The Department of Correction shall not enlist the services of any Contractor, vendor or volunteer who may have contact with inmates who is known to the Department of Correction to have:

A. Engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care;

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

C. Was civilly or administratively adjudicated to have engaged in the activity described in this section.

D. The Department of Correction shall consider any known incidents of inmate sexual abuse/harassment in determining whether to enlist the services of any contractor, vendor or volunteer who may have contact with inmates. Before enlisting the services of any contractor, vendor or volunteer who may have contact with inmates, the Department of Correction shall perform a criminal background check, which shall be repeated every five years (if necessary).

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 13

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 13

Discussion of Interviews: The Human Resources staff described the hiring process. She indicated that the hiring packet for prospective security candidates is completed by the CTDOC. The following forms are completed PREA Acknowledgement Form, Applicant Information Form, Reference Checks, and Backgrounds. If the applicant worked in another facility or institution, a professional reference check is required. Background checks are every 5 years.

The Human Resources staff indicated that all persons selected for employment or to provide services at the prison must consent in writing to a Criminal Background Check and a Driver History Consent to be conducted prior to officially hiring someone, all newly hired staff background checks include live scan Fingerprints. Upon review of personnel files, auditor noted that all (5) five-year backgrounds had been completed timely for all staff.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">Administrative Directive and Documents Reviewed: Connecticut Department of Correction Administrative Directive 6.2, CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Cheshire Correctional Institution PAQ</p> <p data-bbox="229 353 1509 416">Interviews: Agency Head and Warden</p> <p data-bbox="229 416 1509 640">Discussion of Documents and Administrative Directive Reviewed: Administrative Directive 6.2, 20. Upgrades to Facilities and Technologies. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect the inmates from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the Department shall consider how such technology may enhance the Department's ability to protect inmates from sexual abuse.</p> <p data-bbox="229 640 1509 703">Observations: This facility has had no expansion or upgrades to the video surveillance system since the last PREA audit.</p> <p data-bbox="229 703 1509 844">Discussion of Interviews: In interviews with the Warden and the Agency Head they confirmed that there have been no upgrades to the facility's video surveillance system since 2019. When updating a video monitoring system or electronic surveillance system, or other monitoring technology, the facility considers how the technology will enhance the facility's ability to protect inmates and deter sexual abuse.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Administrative Directive and Documents Reviewed: 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; Administrative Directive 8.1 Scope of Health Service Care, Scope of Services and Access To Care and University of Connecticut Health Center (UCONN) Correctional Managed Health Care (CMHC), Policy B5.01, Response to Sexual Abuse; and Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Medical Staff Action and Evidence Protocol/Securing the Area all collectively address Standard 115.21, Cheshire Correctional Institution PAQ</p> <p>Interviews: Investigative Staff, Staff</p> <p>Discussion of Documents and Administrative Directive Reviewed: Administrative Directive 6.2, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 15. Evidence Protocol/Securing the Area. The area of any attempted or actual sexual abuse shall be treated as a possible crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Once the inmate is removed from the area, care shall be taken not to disturb the suspected crime scene. Items shall not be cleansed or removed. Photos shall be taken of the suspected crime scene and any suspected physical evidence. Sketches and notes should be made of the location if items are/were removed. Only authorized personnel shall be allowed to enter the area. The collection of physical evidence shall be conducted by the Connecticut State Police or in instances when authorized by the Connecticut State Police, Department employees shall collect, secure and store physical evidence. If required, authorized and trained Department of Correction personnel shall collect evidence as follows:</p> <p>A. Latex or rubber gloves shall be worn while handling/ processing any evidence items.</p> <p>B. Each specific item of physical evidence shall be placed in a separate paper bag, envelope or container so as to avoid disturbing or compromising the integrity of the physical evidence.</p> <p>C. The storage container shall be tagged utilizing CN 6901, Contraband/Physical Evidence Tag and Chain of Custody.</p> <p>D. Physical evidence items when removed from the scene shall be placed in the physical evidence storage area or turned over to the Connecticut State Police.</p> <p>E. Once the Connecticut State Police have cleared the crime scene, the Unit Administrator or designee may issue the orders for the area to be cleaned and inventoried.</p> <p>CTDOC does not conduct criminal investigation according to the PREA Coordinator. The CTDOC PREA Unit is responsible for investigating administrative allegations of sexual abuse in the facility. The protocol is developmentally appropriate for youthful inmates when applicable. Further, the protocol, as appropriate, was 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. Through a MOU agreement with the Connecticut State Police conducts criminal investigations that follow the PREA guidelines. The PREA Unit follows the requirements for investigating administrative allegations.</p> <p>The agency offers all inmates who experience sexual abuse access to forensic medical examinations off-site, without financial cost, where evidentiary or medically appropriate. The facility currently has a Memorandum of Understanding, Connecticut Sexual Assault Crisis Services, INC. and with the Connecticut Department of Emergency Services and Public Protection. A call was made to the service provider. The Auditor verified that facility currently have a MOU.</p> <p>The services provided are as follows:</p> <p>Examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs); SAFEs or SANEs are available 24 hours and seven days a week (documented in the MA); provides the inmates with Victim Advocacy, emotional support, crisis intervention, information, and referrals. In the event a sexual assault took place at CCI the Connecticut State Police (CSP) would be immediately and they would also report to the John Dempsey Hospital (University of Connecticut (UCONN) Medical Center or a local hospital dependent on the nature and severity of the medical emergency. There was zero forensic medical examination during this reporting period.</p> <p>The facility has a MOU with CONNSACS to the provide the following services for inmates who suffer sexual abuse:</p> <p>A. CONNSACS shall:</p> <p>1. Provide CTDOC with current information for dissemination to CTDOC’s inmate population and staff dedicated to PREA</p>

compliance and investigation. Information shall include CONNSACS service areas, an overview of CONNSACS services and contact information for CONNSACS service centers.

2. At the request of CTDOC inmates, provide on-site victim advocates to provide emotional support to inmates throughout a forensic examination and investigatory process.

3. At the request of CTDOC inmates, provide counseling sessions to inmates reporting sexual abuse/assault. Availability of such counseling will be at the discretion of CONNSACS staff.

4. Coordinate provision of any on-site services at either hospitals or a CTDOC facility with the appropriate CTDOC PREA Facility Liaison.

5. Ensure that all services provided to and communications with CTDOC inmates remain confidential, as required by federal law and CGS 52-146k.

6. Collaborate with CTDOC to provide mutual training and informational sessions to CTDOC and CONNSACS staff and volunteers to ensure that each entity possesses the proper training and knowledge to provide services related to PREA incidents.

B. CTDOC shall:

1. Ensure that its inmate population is made aware of the availability of the services described herein. Such information shall be provided via inmate orientation, the inmate handbook and postings throughout each of its facilities.

2. Ensure that CONNSACS toll-free hotline phone numbers are recognized by the inmate phone system in order to allow inmate phone calls without cost.

3. Ensure that inmates reporting sexual violence/assault are aware of their right to victim advocacy services.

4. Ensure that inmate requests for victim advocacy services are forwarded to CONNSACS in a timely manner.

5. Ensure that CONNSACS is notified of any inmate being transported to a hospital or medical center for forensic examination, should such inmate request victim advocacy services.

6. Work with CONNSACS to facilitate CONNSACS entrance into CTDOC facilities to provide crisis counseling to inmates requesting such services.

7. Provide adequate, private space for such counseling.

8. Collaborate with CONNSACS to provide mutual training and informational sessions to CTDOC and CONNSACS staff and volunteers to ensure that each entity possesses the proper training and knowledge to provide services related to PREA incidents.

9. Coordinate meetings between CTDOC and CONNSACS to facilitate the implementation and operation of the services described herein.

The number of forensic medical exams conducted during the past 12 months: 0 The number of exams performed by SANES/SAFEs during the past 12 months: 0

The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Discussion of Interviews: Staff interviews confirmed their knowledge of the Memorandum of Agreement (MOU), each staff member was able to verbalize who the agreements were with and what services are provided by the advocacy organization.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1469 432">Administrative Directive and Documents Reviewed: of Incidents; Connecticut Department of Connecticut, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence; Connecticut Department of Connecticut, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment, Cheshire Correctional Institution PAQ</p> <p data-bbox="242 461 437 490">Interviews: Warden</p> <p data-bbox="242 519 1493 815">Discussion of Documents and Administrative Directive Reviewed: Administrative Directive 6.2, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 16, Investigation of Sexual Abuse/Sexual Harassment. The Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. When inmates are being housed within the community confinement centers with which the Department contracts, the appropriate law enforcement agency shall be the investigating authority. All such referrals to police shall be documented. The Department's PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10.</p> <p data-bbox="242 844 1493 1072">The Connecticut Department of Correction Administrative Directive (6.12) requires that all reports of sexual abuse and sexual harassment will be considered allegations and will be investigated, that included any sexual behavior that was observed, that staff have knowledge of, or have received a report about, or a suspicion. Staff acknowledged that regardless of the source of the allegation, the allegation is reported and referred for investigation. If an allegation appears criminal in nature, it is referred to the Connecticut State Police Investigators who is trained extensively in conducting investigations and who has the power to affect an arrest of staff or inmate. Staff acknowledged that they understood that failing to report an allegation would result in disciplinary action or dismissal.</p> <p data-bbox="242 1102 1469 1364">CTDOC has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. CTDOC published such policy on its website which was confirmed by the Auditor. Further, all referrals are documented by the CTDOC PREA Unit. CTDOC has a MOU with the Connecticut State Police with the legal authority to conduct criminal investigations. CTDOC also has a supporting policy that ensures the preservation of evidence (6.9 Collection and Retention of Contraband and Physical Evidence). CTDOC ensures an administrative or criminal investigation is completed for all allegations of sexual harassment. The Auditor confirmed by examination that Cheshire CI has a practice that documents all such investigations.</p> <p data-bbox="242 1393 1345 1422">In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 7</p> <p data-bbox="242 1451 1174 1480">In the past 12 months, the number of allegations resulting in an administrative investigation: 1</p> <p data-bbox="242 1509 1083 1538">In the past 12 months, the number of allegations referred for criminal investigation: 1</p> <p data-bbox="242 1568 1489 1695">Discussion of Interviews: The Warden confirmed that all allegations of sexual abuse and sexual harassment are investigated. All staff are mandated reporters, meaning if a staff member hears a rumor from another inmate of an alleged incident, it will be taken seriously and investigated. The administrative investigation is conducted by the PREA Unit, should the incident be deemed to be criminal in nature the investigation is immediately reported to the Connecticut State Police for investigation.</p> <p data-bbox="242 1724 1489 1787">During the period of March 1, 2021, and March 1, 2022, the facility reported seven (7) investigations, six (6) were determined to be unfounded with one (1) determined to be unsubstantiated.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Administrative Directive and Document Review: Connecticut DOC Administrative Directive 6.12 Paragraph 9 A and B, CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Staff Training; Reviewed Lesson Plan for PREA; Reviewed Power Point Presentation for Annual In-service Training; PREA Pages of Training Rosters; Reviewed Personnel Files; Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire</p> <p>Interviews: Random Staff</p> <p>Discussion of Administrative Directive and Documents Reviewed: Connecticut Department of Correction Administrative Directive 6.12 requires that staff are trained in the following:</p> <p>9. Staff Training</p> <p>A. Pre-Service Orientation Training. Newly hired staff with direct inmate contact shall receive training on inmate sexual abuse/ sexual harassment prevention prior to being assigned to a facility. Staff shall be trained regarding:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for inmate sexual abuse and sexual harassment. (2) How to fulfill their responsibilities under agency inmate sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. (3) Inmates' right to be free from sexual abuse and sexual harassment. (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. (5) The dynamics of sexual abuse and sexual harassment in a confinement setting. (6) The common reactions of sexual abuse and sexual harassment victims. (7) How to detect and respond to signs of threatened and actual sexual abuse. (8) How to avoid inappropriate relationships with inmates. (9) How to communicate effectively and professionally with all inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates. (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and. (11) Any concerns specific to the gender of the inmates at the employee's assigned facility. <p>The agency shall document, through employee signature or electronic verification that employees understand the training they have received.</p> <p>B. In-Service Training. Staff with direct inmate contact shall receive refresher training on sexual abuse/ sexual harassment prevention, intervention and follow-up procedures annually. Such training shall be tailored to the gender of the inmates at the employee's facility so that the employee receives training specific to the gender he or she supervises, even if the employee has previously worked in a facility with inmates of a different gender. The Department of Correction shall document, through employee signature or electronic verification that employees understand the training they have received.</p> <p>Investigators and Health Practitioners shall receive additional training specific to their areas of responsibility. All contractors and volunteers who have contact with inmates must be trained on their responsibilities under the agency's sexual abuse prevention and intervention policy. The level and type of training provided to volunteers, vendors and contractors shall be based on Staff at the facility, in compliance with Connecticut Department of Correction Administrative Directive, receives their initial PREA Training as newly hired employees. A block of training for the new employees is dedicated to PREA. Newly hired Correctional Officers later attend for Certification through the Connecticut Department of Correction. A block of training includes PREA.</p> <p>The reviewed lesson plans covers the required training topics. Staff indicated they receive PREA Training as newly hired employees in pre-service orientation, and during Annual In-Service Training and through on-line training. Staff were specifically asked if annual training included the topics described and enumerated on the questionnaire for randomly selected staff and each employee confirmed that the training included all the topics.</p> <p>All current employees who have not received training will be trained within one year of the effective date of the PREA standards, and the agency provides each employee with refresher training every two years to ensure all employees know the agency's current sexual abuse and sexual harassment Administrative Directive and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment Administrative Directive.</p> <p>All staff and contractors are required to complete Annual In-Service Training. Day 1 that includes PREA training. The reviewed agency's developed curriculum for Annual In-Service Training includes the following:</p>

- Zero Tolerance.
- Definitions.
- Staff Prevention Responsibilities.
- Offender Prevention Responsibilities.
- Detection and Prevention Responsibilities.
- Reporting Responsibilities.
- Coordinated Response (Including First Responder Duties).
- Mandatory Reporting Laws (Official Code of Connecticut).
- Inmate Education.
- Retaliation.
- Dynamics in Confinement.
- Victimization Characteristics.
- Warning Signs.
- Avoiding Inappropriate Relationships with Inmates.
- Communicating with Offenders.
- Acknowledging LGBTI Offenders.
- Search Procedures.
- PREA Video (PAQ indicated the facility does not have PREA Video).
- PREA Training and Forms.
- Enabling Objectives.

CTDOC Administrative Directive 6.12 B requires that in-service training includes gender specific reference and training to staff as it relates to a specific gender population supervised; and staff that transfer into another facility from a different gender facility are required to receive gender-appropriate training.

PREA Related posters are prolific and posted in numerous locations throughout this facility and in this facility the posters and notices are posted strategically throughout the facility and in each living unit. Posters are also posted in administrative segregation and disciplinary isolation.

Staff reported they are trained to take all allegations of sexual abuse/sexual harassment seriously and report everything, even a suspicion. They stated they would take a report made verbally, in writing, anonymously and through third parties and they would report these immediately to their shift supervisor and follow-up with a written statement or incident report before the end of their shift.

Staff also explained their roles as first responders. This included uniform and non-uniform staff. Non-Uniform staff articulated the role and steps of the first responder just like the uniformed staff. If an inmate reported being at risk of imminent sexual abuse staff stated, they would act immediately and remove the inmate from the threat and report to their immediate supervisor.

The auditor reviewed training rosters documenting training. Observations: Review of training records.

Reviewed personnel files representing Newly Hired Staff, Promoted Staff and Regular Staff all contained PREA The appropriate training for all staff. Investigators and Health Practitioners receive additional training specific to their areas of responsibility. All contractors and volunteers who have contact with inmates must be trained on their responsibilities under the agency's sexual abuse prevention and intervention policy.

Discussion of Interviews: All staff interviewed confirmed they have had the PREA training as new hired employees and annually. Training documents are maintained by the training academy.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Administrative Directive and Documents Reviewed: CTDOC Administrative Directive, CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Staff Training, Paragraph 9, Volunteer and Contractor Training; Reviewed Power Point for Training; Contractor and Volunteer V I P s In Correction Volunteer, Intern & Professional Partners P.R.E.A. Training Form

Interviews: Warden, PREA Compliance Manager

Observations: There were no volunteer activities during the on-site audit period due to Covid restrictions.

Discussion of Policy and Documents Reviewed: Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; Connecticut Department of Connecticut, Cheshire CI Unit 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 mandates of this standard.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection. Cheshire Correctional Institution provides training in the form of pamphlets, PowerPoint presentation and a volunteer/contractor handbook. The development of a PREA PowerPoint presentation confirms the training is provided to contractors and volunteers. The training provided by Cheshire Correctional Institution addressed the responsibilities of contractors and volunteers to prevent detect and report any allegation of sexual abuse or sexual harassment. The curriculum the agency utilized for training provide the level and type of training that is based on the services they provide and level of contact they have with inmates. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Contractors and volunteers are trained as follows:

- Zero Tolerance.
- Defining the Prison Rape Elimination Act.
- Identifying Staff Awareness.
- Discussion of the Dynamics of Sexual Abuse and Sexual Harassment.
- Prevention and Reporting Procedures.
- Sanctions.

Contract staff on the other hand unlike volunteers, is required to attend the same Annual In-Service Training that all staff attends. Contract staff stated in interviews with the auditor that they attend Day 1 Annual In-Service Training.

Discussion of Administrative Directive and Documents that were reviewed: CTDOC Administrative Directive, CTDOC, Inmate Sexual Abuse/Sexual Harassment. Staff Training, Paragraph 9, requires all volunteers and contractors who have contact with inmates to be trained on their responsibilities under the Department's PREA Administrative Directive and procedures. This training is based on the services being provided and the level of contact with inmates, however all volunteers and contractors are required to be notified of the Department's zero-tolerance Administrative Directive and informed how to report such incidents.

Participation must be documented to indicate the understanding of the training received.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with the inmates. All volunteers and contractors who have contact with offenders are notified of the Department's Zero Tolerance Administrative Directive regarding sexual abuse and sexual harassment and informed on how to report such incidents. Documentation of that training is on the Contractor/Volunteer "V I P s In Correction Volunteer, Intern & Professional Partners P.R.E.A. Training" form.

The number of volunteers and contractors, who may have contact with inmates, who have been trained in agency's Administrative Directive and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:
45

Discussion of Interviews: Contractors and volunteers receive the same annual in-service training as Connecticut Department of Correction Employees.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Administrative Directive and Documents Reviewed: Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education; 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 A&O Handbook, MOU Language Line Services, Inc., Cheshire Correctional Institution PAQ</p> <p>Interviews: Inmates, Intake Staff</p> <p>Observations: PREA related posters were observed throughout the facility and accessible in multiple areas to inmates, Information for CONNSAC (outside advocacy services).</p> <p>Discussion of Administrative Directive and Documents Reviewed: Inmate Orientation Administrative Directive 10.12, paragraph 3, Initial Orientation. Each inmate shall begin to receive orientation within five (5) business days of admission to the Department. Each unit shall designate staff to conduct orientation and shall designate a housing area for orientation programming, as appropriate. Written orientation materials shall be made available in both English and Spanish. When a literacy problem exists, a staff member shall assist the inmate in understanding the material. A statement signed and dated by the inmate shall document completion of orientation. Orientation shall include:</p> <p>A. Review and discussion of the rules and regulations of the Department and the unit, which shall include distribution of written materials. The Inmate Handbook shall contain all chargeable offenses, range of penalties, and disciplinary procedures. The Inmate Handbook shall be translated into both English and Spanish. A signed acknowledgment of receipt of the Inmate Handbook shall be maintained in the inmate's master file. When a literacy or language problem prevents an inmate from understanding the Inmate Handbook, a staff member or translator shall assist the inmate in understanding the rules.</p> <p>B. Review of Department and unit's expectations of each inmate.</p> <p>C. Assignment of a classification counselor within two (2) business days of admission.</p> <p>D. Review of facility programs and work opportunities.</p> <p>E. Each inmate during intake processing shall receive orientation that includes a presentation of the PREA video titled "PREA-What you need to know".</p> <p>Inmates assigned to a restrictive status or inmates whose status and/or behavior preclude them from attending group orientation sessions shall receive a "Sexual Abuse/ Sexual Harassment Prevention for Inmates" handout. Each inmate, regardless of status, shall receive information regarding the Prison Rape Elimination Act and Personal Safety. During orientation, inmates shall be made aware of DOC's zero tolerance policy for Inmate Sexual Abuse and Sexual Harassment and at least two internal methods of reporting sexual abuse/ sexual harassment and one method of reporting sexual abuse to an external entity that is not part of the Department of Correction.</p> <p>Third party and anonymous reporting must be allowed. Additionally, inmates shall be provided with contact information for victim advocacy groups that provide services to victims of sexual abuse. Inmates with disabilities that prevent them from being able to access the materials in the format(s) in which they are regularly provided shall be accommodated in a way appropriate to their disability in accordance with Administrative Directive 10.19 Americans with Disabilities Act.</p> <p>F. Presentation of video regarding safe handling of hazardous substances in accordance with Administrative Directive 5.6, Hazard Communication Protocol.</p> <p>G. Completion of all admission requirements in accordance with Administrative Directive 9.3, Admissions, Transfers and Discharges.</p> <p>H. In addition, upon admission the orientation counselor shall meet with each inmate in order to familiarize the inmate with the written orientation materials.</p> <p>Discussion of Administrative Directive and Documents Reviewed: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Administrative Directive 6.12, paragraph 10: Inmate Education. During intake processing each inmate shall receive orientation that includes a presentation of the PREA video titled "PREA- What you need to know" in accordance with Administrative Directive 10.12, Inmate Orientation. Each inmate shall sign the designated form acknowledging receipt of</p>

such materials which shall be maintained in the inmate's Master File. Inmates assigned to a restrictive status or inmates whose status and/or behavior preclude them from attending group orientation sessions shall receive a "Sexual Abuse/ Sexual Harassment Prevention for Inmates" handout as well as the Inmate Handbook with information regarding the Prison Rape Elimination Act and personal safety. During orientation, inmates shall be made aware of DOC's zero tolerance policy for Inmate Sexual Abuse and sexual Harassment and at least two internal methods of reporting sexual abuse/ sexual harassment and one method of reporting sexual abuse to an external entity that is not part of the Department of Correction. Third party and anonymous reporting must be allowed. Additionally, inmates shall be provided with contact information for victim advocacy groups that provide services to victims of sexual abuse. Inmates with disabilities that prevent them from being able to access the materials in the format(s) in which they are regularly provided shall be accommodated in a way appropriate to their disability in accordance with Administrative Directive 10.19 American with Disabilities Act.

Within 5 days of arrival, the Administrative Directive requires inmates receive PREA education. The education must be conducted by assigned staff members to all inmates and includes the gender appropriate "PREA-What you need to know" video on sexual abuse. The initial notification and the education are documented in writing by signature of the inmate.

In the case of exigent circumstances, the training may be delayed, but no more than 30 days, until such time is appropriate for delivery. This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.

Current inmates who have not received PREA education must be educated within one year of the effective date of the PREA standards, and receive education upon transfer to a different facility to the extent that the Administrative Directive and procedures of the inmate's new facility differ from those of the previous facility.

The PREA Education must include: 1) The Department's zero-tolerance of sexual abuse and sexual harassment; 2) Definitions of sexually abusive behavior and sexual harassment; 3) Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department Custody; 4) Methods of reporting; 5) Treatment options and programs available to offender victims of sexual abuse and sexual harassment; 6) Monitoring, discipline, and prosecution of sexual perpetrators; 7) and Notice that male and female routinely work and visit housing area.

PREA Education is required to be provided in formats, accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

Education, according to CTDOC Administrative Directive requires the facility to maintain documentation of offender participation in education sessions in the offender's institutional file. In each housing unit, Administrative Directive requires that the following are posted in each housing unit: a) Notice of Male and Female Staff routinely working and visiting housing areas; b) A poster reflecting the Department's zero-tolerance (must be posted in common areas, as well, throughout the facility, including entry, visitation, and staff areas.

If an inmate is non-English speaking, the Language Line Services, Inc., is available. If an inmate has a disability, appropriate staff are to be used to ensure that the inmate understands the PREA Administrative Directive. If an inmate requires signing (hearing impaired) the agency's ADA Coordinator is called and provides the necessary translation services (according to an interview with the ADA Coordinator). The State Department of Administrative Services has multiple contracts with translation services that may be accessed through the Agency ADA Coordinator. The facility has a contract with Language Line Services, Inc., for interpretive services for the deaf and offenders who are limited English proficient. Inmates who have literacy issues or who are cognitively challenged have access to the GED teacher and other staff who can read the PREA related information to them and mentally ill inmates have Mental Health counselors who can assist them in understanding PREA and how to report.

PREA information is presented to inmates in a manner that enables the inmate to understand and to participate fully in the Agency's prevention, detection, responding and reporting PREA efforts. If a limited English proficient resident was admitted, the facility has access to Language Line Services, Inc. professional interpretive services.

A review of inmate files indicated that inmates received information within 5 days of admission and signed the PREA Acknowledgment Statement. The reviewed files contained confirmation affirming Inmates having viewed the PREA Video within 5 days of admission.

The number of inmates admitted during past 12 months who were given this information at intake: 1291

The percentage of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency Administrative Directive and procedures for responding to such incidents within 30 days of intake: 972

Discussion of Interviews: The intake/orientation staff asserted that all inmates receive all the required PREA information during the intake process or within 5 days of admission to the facility. Staff explained the process for providing the

information and explained that in addition to watching the PREA Video, inmates are given the opportunity to ask questions.

Interviewed inmates indicated they received PREA Information on admission or within 5 days. They also stated they watched the PREA Video during orientation that provides PREA education and confirmed they received PREA education and were aware to the rights to be free of sexual abuse and sexual harassment and retaliation for reporting an incident of sexual abuse or sexual harassment.

115.34	Specialized training: Investigations
	<p data-bbox="242 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 273 1481 362">Administrative Directive and Documents Reviewed: Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Paragraph 16, Administrative Directive 1.10, Investigations Paragraph 11, Training, Cheshire Correctional Institution PAQ</p> <p data-bbox="242 398 427 425">Interview: Warden</p> <p data-bbox="242 461 1492 649">Discussion of Administrative Directive and Documents: CTDOC Administrative Directive CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Paragraph 16, Investigation of Sexual Abuse/ Sexual Harassment: The Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. When inmates are being housed within the community confinement centers with which the Department contracts, the appropriate law enforcement agency shall be the investigating authority. All such referrals to police shall be documented.</p> <p data-bbox="242 685 1492 806">The Department's PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10.</p> <p data-bbox="242 842 1469 963">Discussion of Administrative Directive 1.10 Investigations: Paragraph 4. Training a. Each investigator shall complete an approved training program prior to conducting an investigation. b. Investigators assigned to the Affirmative Action Unit shall receive specialized training provided by the Commission on Human Rights and Opportunities concerning state and federal discrimination laws and techniques for conducting investigations of discrimination complaints.</p> <p data-bbox="242 999 1489 1155">The Connecticut State Police investigators complete specialized training regarding conducting investigations of sexual abuse in confinement settings. The specialized training, in addition to the extensive training required for the Department Agents, covers all the topics required by the PREA Standards: interviewing sexual abuse victims; Miranda and Garrity Warnings; Evidence Collection in Confinement Settings; and the Criteria for the evidence Required to Substantiate a Case for administrative action or criminal prosecution.</p> <p data-bbox="242 1191 1465 1281">Allegations that appear criminal are investigated by a Connecticut Department of Correction (CTDOC), Investigator. These Investigators receive extensive investigation training through attending the Police Academy and the Connecticut Bureau of Investigations.</p> <p data-bbox="242 1348 1165 1375">The number of investigators currently employed who have completed the required training: 5</p> <p data-bbox="242 1406 1465 1464">Discussion of interviews: All allegations of sexual abuse and harassment are investigated by the PREA Unit; investigations that appear to be criminal in nature are conducted by the Connecticut State Police who have had extensive training.</p>

115.35	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1465 365">Administrative Directive and Documents Reviewed: Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees; Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In- Service Training; Cheshire Correctional Institution PAQ</p> <p data-bbox="242 398 1422 456">Interviews: Health Service Administrator, Mental Health Counselor Observations: Reviewed SANE Logs for the last 12 months preceding the audit.</p> <p data-bbox="242 463 1465 591">Discussion of Administrative Directive and Documents: B. Health Services Personnel. Health Services personnel shall be required to complete a total of 210 hours of pre-service training to include security-related topics, as well as issues specific to the health services field. Health Services personnel shall be subject to the testing requirements and the rules of the Department and/or Maloney CTSD as outlined in Section 6(A) of this Directive.</p> <p data-bbox="242 598 1489 824">The Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire documented 100% of the medical staff completing the required specialized training. Department of Correction Administrative Directive, 6.12.; Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention. Training and Staff Development 2.7 B. Non Direct Contact Employee. Each non direct contact employee shall receive a minimum of 16 hours of in service training annually. The training may include the Department's annually approved training plan and any combination of web-based training and facility-based specialized training. The Director of Training and Staff Development shall periodically develop training topics based on an assessment of the needs of such employees.</p> <p data-bbox="242 857 1283 887">Health Practitioners shall receive additional PREA related training specific to their areas of responsibility.</p> <p data-bbox="242 916 1433 1010">The facility does not conduct forensic examinations. If there was a sexual assault at this facility, the medical staff at Connecticut Cheshire Correctional Institution would not conduct the forensic exam. The exam would be conducted by a SANE at the local hospital. There have been SANE exams during the 12-months preceding the audit.</p> <p data-bbox="242 1039 1489 1198">All staff receives PREA training as newly hired employees and through annual in-service. Training includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and follow-up with a written statement. Medical staff are trained in annual in-service training how to respond to allegations and how to protect the evidence from being compromised or destroyed.</p> <p data-bbox="242 1227 1489 1489">Connecticut Department of Correction (CTDOC) Administrative Directive, in 6.12, Paragraph 5, requires Connecticut Department of Correction medical and mental health staff and Connecticut Correctional Healthcare staff who have contact with offenders to be trained using the National Institute of Correction (NIC) Specialized training. Administrative Directive also requires that they also attend CTDOC's annual PREA in-service training. That specialized training is provided by the National Institute of Correction in their on-line courses; Health Care for Victims of Sexual Abuse in Confinement Settings; and Behavioral Health Care for Victims of Sexual Abuse in Confinement Settings. The specialized training includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment.</p> <p data-bbox="242 1518 1453 1576">The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency Administrative Directive: 42</p> <p data-bbox="242 1606 1425 1664">The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency Administrative Directive: 100%</p> <p data-bbox="242 1693 1469 1751">Discussion of Interviews: The HSA has completed the required NIC Specialized Training provided online. She also affirmed regular PREA Training is received during annual in-service and refreshers.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Administrative Directive and Documents Reviewed: 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; Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, Screening Instrument, Cheshire PAQ</p> <p>Interviews: Staff responsible for screenings, PREA Compliance Manager and Inmates</p> <p>Discussion of Administrative Directive and Documents: Department of Correction Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention paragraph 11, On Intake to the Facility. During intake as a direct admit, inmates shall be screened by qualified staff members using A.D.9.3, Attachment-B Intake Health Screening (HR 001) form and CN 9306 Inmate Intake Form. During inter-facility transfer, inmates shall be screened by qualified staff members using A.D. 9.3, Attachment- I Transfer Summary (HR 005) form and CN 9306/2 Inmate Intake Form. Screening shall incorporate the use of best practices in making a determination of the inmate's risk of being sexually abused by other inmates or sexually abusive towards other inmates. This screening shall ordinarily take place upon intake processing, unless exigent circumstances exist, then not later than 72 hours of arrival at the facility. The intake screening shall consider, at minimum, the following criteria to assess inmates for risk of sexual victimization or abusiveness:</p> <ul style="list-style-type: none"> • Whether the inmate has a mental, physical, or developmental disability. • The age of the inmate. • The physical build of the inmate. • Whether the inmate has previously been incarcerated. • Whether the inmate's criminal history is exclusively nonviolent. • Whether the inmate has prior convictions for sex offenses against an adult or child. • Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. • Whether the inmate has previously experienced sexual victimization. • Whether the inmate has previously engaged in sexual abusiveness towards another person. • The inmate's own perception of vulnerability. • Whether the inmate is detained solely for civil immigration purposes. <p>Inmates may not be subject to disciplinary action for refusing to answer or failing to disclose information during the screening process related to the following subjects:</p> <ul style="list-style-type: none"> • Having a physical, mental or developmental disability. • Being perceived as gay, lesbian, bisexual, transgender, intersex or gender non-conforming. • Being a victim of prior sexual victimization. • Perception of their own vulnerability. <p>1)Inmates at high risk for sexual victimization shall not be placed involuntarily in restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot perform such an alternative housing assessment immediately, the facility may hold the inmate involuntarily in restrictive housing on Administrative Detention status per A.D. 9.4 Restrictive Status for less than 24 hours while completing the alternative housing</p> <p>B. After Intake to the Facility. Within 30 days from the inmate's arrival at the facility, qualified staff must reassess the inmate's risk of victimization or abusiveness with documentation on the inmate classification history form, based on any additional, relevant information received by the facility since the initial intake screening. An inmate's risk of victimization or abusiveness shall also be reassessed when warranted due to a referral, request, incident of sexual abuse/harassment, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.</p> <p>Administrative Directive 6.12 requires counseling staff to conduct a screening for risk of victimization and abusiveness using the instrument. The Directive requires that the assessment is done within 24 hours of arrival at the facility. At this facility, interviews with a Counselor conducting the Victim/Aggressor Assessment and reviewed Victim/Aggressor Assessments indicated that the assessments are done as part of the admissions process and are done well within 24 hours of admission.</p> <p>All the reviewed assessments were completed within 24 hours of admission. Information from the screening will be used to inform housing, bed assignment, work, education and program assignments. Administrative Directive requires that outcome of the screening is documented in the offender database.</p> <p>The Offender PREA Classification Details considers all the following sexual victim factors:</p>

- Offender is a former victim of institutional rape or sexual assault.
- Offender is 25 years old or younger or 60 years or older.
- Offender is small in physical stature.
- Offender has a developmental disability/mental illness/physical disability.
- Offender's first incarceration.
- Offender is perceived to be gay/lesbian/bisexual transgender/intersex or gender non-conforming.
- Offender has a history of prior sexual victimization.
- Offender's own perception is that of being vulnerable.
- Offender has a criminal history that is exclusively non-violent.
- Offender has a conviction(s) for sex offense against adult and/or child.

If question #1 is answered yes, the offender will be classified as a Victim regardless of the other questions. This generates the PREA Victim icon on the SCRIBE Offender Page. If three (3) or more of questions (2-10) are checked, the offender will be classified as a Potential Victim. This will generate the PREA Potential Victim icon on the SCRIBE offender page.

The Offender PREA Classification Detail considers the following Sexual Aggressor Factors:

- Offender has a history of institutional (prison or jail) sexually aggressive behavior.
- Offender has a history of sexual abuse or sexual assault toward others (adult or child)
- Offender's current offense is sexual abuse/sexual assault toward others (adult or child).
- Offender has a prior conviction(s) for violent offenses.

If question #1 is answered yes, the inmate will be classified as a Sexual Aggressor regardless of the other questions. This will generate the PREA Aggressor icon on the SCRIBE Offender page. If two (2) or more of questions (2-4) are checked, the offender will be classified as a Potential Aggressor.

Staff is required to encourage inmates to respond to the questions to better protect them but, staff is prohibited from disciplining them for not answering any of the questions. The screening process considers minimally, the following criteria to assess inmate's risk of sexual victimization: Whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has been previously incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior conviction for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. It also considers prior acts of sexual abuse; prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known by the Department, Other factors considered are physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

Administrative Directive requires offenders whose risk screening indicates a risk for victimization or abusiveness is required to be reassessed when warranted and within 30 days of arrival at the facility based up on any additional information and when warranted due to a referral, report or incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Administrative Directive requires that any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, education and programming assignments.

The information from the risk screening is required to be used to determine housing, bed, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Administrative Directive 6.12 requires the Warden to designate a safe dorms or safe beds for offenders identified as highly vulnerable to sexual abuse. The location of these safe beds must be identified in the Staffing Plan. The Connecticut Cheshire Correctional Institution has designated the safe dorms. The Staff at Connecticut Cheshire Correctional Institution stated in

their interviews the facility will make individualized determinations about how to ensure the safety of each offender.

In making housing assignments for transgender or intersex offenders, the Department will consider on a case-by-case basis, whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Also, in compliance with the PREA Standards, placement and programming assignments for each transgender or intersex offender will be reassessed at least twice a year to review any threats to safety experienced by the offender.

Administrative Directive also requires that offenders who are at high risk for sexual victimization will not be placed in involuntary segregation unless an assessment of all available alternatives have been made, and determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. The placement, including the concern for the offender's safety must be noted in case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The facility will assign inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The assignment will not ordinarily exceed thirty days.

Administrative Directive requires that offenders whose risk screening indicates a risk for victimization, or abusiveness will be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or sexual harassment. It also requires all offenders to be reassessed within 30 days of arrival at the facility.

Screening is required to be conducted, in private in an office with the door closed, within 24 hours of arrival at the facility. A counselor who conducts the screening stated the initial PREA Assessment is conducted in the intake area, away from other inmates. When asked if that afforded the inmates privacy for answering those personal questions, the staff affirmed there are not inmates around or within hearing distance. They stated they ask the questions and the inmate responds. They also indicated the screening takes place the same day the inmate is admitted and is a part of the admissions and intake process.

If the offender scores out as a risk for victimization, the counselor lets the appropriate staff know so an appropriate housing assignment can be made, and she indicated she also must refer the offender to mental health within 24 hours using the CTDOC Referral Form. She said she would also escort them to mental health. Reassessments are done within 30 days of arrival. All assessments are documented.

The information in the victim/aggressor assessment is limited to need-to-know staff.

Staff related transgender inmates are reassessed every six months. The facility provided a list of transgender assessments and reassessments confirming they are now conducting the reassessments every 6 months as required.

The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 1189

The percentage of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 100%

Discussion of Interviews: Staff uses the CTDOC Offender Database PREA Sexual Victim/Sexual Aggressor Classification Screening and the questions are asked orally. The staff stated they cannot require an inmate to answer any of the questions on the assessment nor can inmates be disciplined for not doing so. The screening form considers things such as: 1) Prior victimization, 2) Weight, 3) Age, 4) Body type, 5) Disability, 6) Mental issues, 7) First incarceration or not, 8) Criminal history that is non-violent, 9) Sexual offenses, 10) Sexual abuse against adults, children etc., 11) Current offense, and 12) Prior convictions for violence. Staff also related that instead of stature the department instruments populate information in the system to assign a score for body mass index. Staff also related that they go into SCRIBE, the offender database, to look for any previous flags, criminal history, and disciplinary actions involving the offender.

The interviewed counselor (responsible for screenings) related the offender database is cross checked for the responses of the offender. If an inmate endorses the 1st question regarding being a victim previously in an institutional setting, the resident is identified as a Risk for Victimization. If a resident endorses the first question on the abusive scale, he is designated as at Risk for Abusiveness.

Reassessments according to staff are required to be completed within 30 days after the initial assessment. Auditor reviewed the initial assessment and reassessment screening packets for inmates all were completed in a timely manner. Though reassessments were completed timely, auditor discussed and stress during exit, the need to improve upon staff contact with inmate prior to conduct of reassessment. This procedure should be more than a paper review. The auditor also reviewed the PREA Report from offender database identifying potential victims and potential aggressors housed at the facility.



115.42	Use of screening information
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1481 398">Administrative Directive and Documents Reviewed: Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information; Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates; Cheshire Correctional Institution PAQ</p> <p data-bbox="242 430 1406 459">Interviews: PREA Compliance Manager, PREA Coordinator, Staff Responsible for Risk Screening, Targeted Inmates</p> <p data-bbox="242 490 1485 779">Discussion of Administrative Directive and Documents: 6.12 paragraph C, Use of Screening Information. The Department shall use screening information to enhance housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The Department will make individualized determinations on how to ensure the safety of each inmate. Information obtained through screening shall be kept confidential and only shared to the extent that it is necessary to do so to inform treatment plans, security and management decisions (including housing, bed, work, education and program assignments) or as otherwise required by Federal, State or local law. Medical and mental health practitioners must 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 18.</p> <p data-bbox="242 810 1465 907">If screening indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse the inmate shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening no matter where the sexual victimization or abuse occurred.</p> <p data-bbox="242 938 1485 1299">D. Transgender and Intersex Inmates. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year by the unit counselor to review any threats to safety experienced by the inmate. The results of the review shall be documented on the inmate classification history form in section 5 of the inmate master file. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The Department shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, 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 such inmates.</p> <p data-bbox="242 1330 1485 1458">E. Showering and Bodily Functions. Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical 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. Staff of the opposite gender must announce their presence when entering an inmate housing unit when no other staff of the opposite gender is present.</p> <p data-bbox="242 1489 1469 1749">CTDOC Administrative Directive, Use of Screening Information requires that information from the risk screening is used to guide housing, bed, work, education and program assignments, the goal of which is to keep separate those inmates at high risk of being sexually victimized from those at high risk for being sexually abusive. Wardens and Superintendents are required to designate safe beds (s) for those inmates (inmates) identified as vulnerable to sexual abuse. Facilities will make individualized determinations about how to ensure the safety of each inmate. In the event the facility had a transgender inmate, the Department requires the facility to consider on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and program assignments for each transgender or intersex inmate are to be reassessed at least twice a year.</p> <p data-bbox="242 1780 1477 1877">A transgender or intersex inmate's own views with respect to his or her own safety are given serious consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates when requested by an inmate.</p> <p data-bbox="242 1908 1485 2101">Administrative Directive also requires that inmates at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in the offender database. While in any involuntary segregation, the offender will have access to programs.</p> <p data-bbox="242 2132 1374 2161">Potential victims are assigned to general population and are not housed in designated dorms. The staffing plan at</p>

Connecticut Cheshire Correctional Institution designates safe beds meaning that aggressors are not to be placed in these housing units.

Placement and programming assignments are based on the risk screening conducted within 24 hours of admission, as well as any other pertinent information contained in the inmate's file or in the offender database. The initial PREA Assessment may be used to determine housing.

Administrative Directive requires the agency and the facility use the 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; Bedding; Education Assignments and Program Assignments.

Discussion of Interviews: According to the Counselor, a face-to-face meeting with each transgender coming into the facility would be asked if they felt vulnerable and if so, what might could the facility do to make them feel safer. The PREA Compliance Manager and Counselor indicated the offender's views for their own safety would be given serious consideration in deciding housing and work assignments for the inmate. They also stated if an inmate requested to shower separately because of safety and personal issues, the facility would comply with the request.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1481 365">Administrative Directive and Documents Reviewed: 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, Cheshire Correctional Institution PAQ</p> <p data-bbox="240 396 740 423">Interviews: Warden, Staff supervising segregation</p> <p data-bbox="240 454 1481 647">Discussion of Administrative Directive and Documents: Directive 6.12 A. On Intake to the Facility. 1) Inmates at high risk for sexual victimization shall not be placed involuntarily in restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot perform such an alternative housing assessment immediately, the facility may hold the inmate involuntarily in restrictive housing on Administrative Detention status per A.D. 9.4 Restrictive Status for less than 24 hours while completing the alternative housing assessment.</p> <p data-bbox="240 678 1481 804">2) Inmates placed in restrictive housing for this purpose shall have access to programs, privileges, education or work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) the opportunities that have been limited; (2) the duration of the limitation; and (3) the reasons for such limitations.</p> <p data-bbox="240 835 1481 1028">3) The facility shall assign such inmates to involuntary restrictive housing on Administrative Detention status only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary restrictive housing assignment is made, the facility shall document: (1) the basis for the facility's concern for the inmate's safety; and (2) the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall review the circumstances to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="240 1059 1490 1220">B. After Intake to the Facility. Within 30 days from the inmate's arrival at the facility, qualified staff must reassess the inmate's risk of victimization or abusiveness with documentation on the inmate classification history form, based on any additional, relevant information received by the facility since the initial intake screening. An inmate's risk of victimization or abusiveness shall also be reassessed when warranted due to a referral, request, incident of sexual abuse/harassment, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.</p> <p data-bbox="240 1252 1490 1547">The Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire documented the facility did not place an inmate in involuntary segregation/protective custody during the past twelve months. The Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire documented that there was no inmate at risk of sexual victimization who were assigned to involuntary segregated housing at all; none held for 24 hours awaiting assessment and none in the past 12 months for longer than 30 days while awaiting alternate placement. Staff was aware of the requirements of CTDOC Administrative Directive which is consistent with the PREA Standards. The Connecticut CTDOC Administrative Directive, 6.12, requires that offenders at high risk for sexual victimization are not 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.</p> <p data-bbox="240 1579 1490 1839">The Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire documented that there has been no inmate at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment. It also affirmed there have been no inmates who were held in involuntary or segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. There have been no inmates placed in involuntary segregation as the result of having a high potential for victimization or for being at risk of imminent sexual abuse. This was confirmed through reviewing the Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire, sampled inmate files, and interviews with the Warden, PREA Compliance Manager, Staff Supervising Segregation, and randomly selected and targeted inmates.</p> <p data-bbox="240 1870 1458 1995">If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety is noted in offender database case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged.</p> <p data-bbox="240 2027 1490 2121">Inmates at high risk for sexual victimization are housed in the general population. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the inmate/resident. Inmates identified as having a risk for victimization would be housed in General Population Medium Security Level Offenders.</p>

If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility. Inmates in involuntary protective custody, in compliance with Administrative Directive, will have access to programs and services like those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone.

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0

In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0

From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0

Discussion of Interviews: In an interview the Warden related there have been zero inmates placed in involuntary protective custody in the past 12 months. Inmates who are at high risk for sexual victimization may be placed in involuntary protective custody until some other means of keeping them safe could be arranged and that may include transfer to another facility. If they were placed in involuntary protective custody the justification would be documented.

Staff supervising segregation indicated that would try not to put an offender in segregation in the interests of not "punishing" a victim or potential victim. If a victim requested it, staff would place the inmate in voluntary protective custody in a single cell. He indicated the offender placed in involuntary protective custody would have access to education, counselors, recreation, medical and mental health services.

115.51	Inmate reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1481 365">Administrative Directive and Documents Reviewed: Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 9-10, Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment; PREA Notices; and the Inmate A&O Handbook, Cheshire Correctional Institution PAQ</p> <p data-bbox="242 396 970 425">Interviews: PREA Compliance Manager, Random staff, Random Inmates</p> <p data-bbox="242 454 1457 515">Observations: Phones in each dorm with dialing instructions; Multiple PREA Related Posters in Dorms and throughout the Facility; Outside Advocacy Agency Information for reporting sexual abuse/harassment.</p> <p data-bbox="242 544 901 573">Testing Processes: PREA Phones, call made to the PREA Hotline</p> <p data-bbox="242 602 1485 728">Discussion of Administrative Directive and Documents: Administrative Directive, CTDOC, 6.12 12. Inmate and Third Party Reporting of Sexual Abuse and Sexual Harassment. A. Inmate Reporting. The Department has multiple methods for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="242 757 807 786">Inmates may report such incidents in the following ways:</p> <ol data-bbox="242 815 1481 1077" style="list-style-type: none"> 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. <p data-bbox="242 1106 1490 1270">In addition, staff shall, to the extent necessary, take steps to aid inmates with disabilities and non-English speakers to report such incidents. Staff use of inmate language interpreters shall normally be prohibited. Except in exigent circumstances where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or well-being of any involved party. Delays which may significantly hinder the performance of an employee's duties of information gathering, reporting and/or assisting an alleged victim must be properly documented.</p> <p data-bbox="242 1299 1474 1393">Inmates who file reports of sexual abuse and/or sexual harassment that are deemed to be false and unfounded after proper investigation may be subject to disciplinary action in accordance with Administrative Directive 9.5, Code of Penal Discipline and/or criminal charges according to applicable State laws.</p> <p data-bbox="242 1422 1477 1585">Staff have been instructed and trained to accept reports made both verbally and in writing from third parties and promptly document them. Inmates may file grievances as well however the agency has determined and asserted in the revised Standard Operating Procedure that allegations of sexual abuse and sexual harassment are not grievable issues because of the potential for losing time in responding. However, if a grievance is received and determined to be PREA related, the grievance is immediately turned over for investigation.</p> <p data-bbox="242 1615 1493 1742">Third Party reports may be made to the Connecticut Department of Correction, Connecticut State Police or TC Alliance Advocacy Service. Interviews with staff confirmed staff are required and trained to accept all reports, regardless of how they are made and regardless of the source, to notify their supervisor and write either an incident report or a statement as directed by the supervisor to document receipt of verbal reports, third party reports, anonymous reports etc.</p> <p data-bbox="242 1771 1465 1865">Inmates also have access to outside confidential support services including those identified in the PREA Brochure given to inmates during the admission process and posted throughout the prison. The following ways to report are provided: Call PREA Hotline; to any staff member; in writing; anonymous note; or Connecticut State Police.</p> <p data-bbox="242 1895 1471 1989">CTDOC Administrative Directive 6.12, 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.</p> <p data-bbox="242 2018 1414 2080">Inmates may call anyone on their approved list. They may also call their attorney's if they have one. Inmates have the opportunity to report through visits with family, calling family, or writing families.</p> <p data-bbox="242 2110 1493 2139">Multiple PREA related posters were observed posted throughout the facility keeping PREA information continuously available</p>

to inmates. Zero Tolerance Posters, located throughout the facility, as well as other PREA related posters, explaining that inmates have the right to report and listing some ways inmates may choose to report.

The agency and Connecticut Cheshire Correctional Institution provide multiple ways for inmates to report sexual abuse and harassment both internally and externally. These include multiple ways to internally and privately report allegations of sexual abuse, sexual harassment, retaliation and staff neglect or violations that may have contributed to the incident.

This facility is a close security prison and holds offenders who have been convicted of felony crimes and are serving incarceration in the prison. The prison does not house any inmates who are being detained solely for civil immigration purposes.

Staff at this facility, in compliance with CTDOC Administrative Directive, and the PREA Standards, accepts reports from all sources, including those from third parties and reports made anonymously. Administrative Directive requires that they report these to their immediate supervisor immediately and follow-up with a written witness statement or incident report prior to the end of their shift. Interviewed staff indicated they would be disciplined for failing to report and that would most likely be termination.

Staff may report allegations of sexual abuse and sexual harassment in the same manner as inmates. The PREA Brochure, "Break the Silence", advises inmates that reporting is the first step and includes the following: PREA Hotline, Statewide PREA Coordinator (contact information provided), Connecticut State Prison, (contact information provided), and Connecticut Department of Correction. Inmates are told to report it, even if they don't have any evidence and that they may report to any staff, drop a not or send a kite or call the PREA hotline.

Inmates are educated on ways they can report through multiple sources. These include information provided to them at intake and during orientation, through video informing inmates of ways to report, including to outside entities such as the Hotline, or the outside victim advocacy organization. The facility also provides inmates the tools to make reports.

Staff are trained to treat all allegations as confidential. Therefore, when allegations are reported up the chain of command, they are kept private and are only forwarded to the Warden, who then determines who else needs to be notified. Typically, only the Sexual Assault Response Team, Connecticut Department of Correction PREA Coordinator, and the Connecticut Department of Correction Internal Investigations (Office of Professional Standards) will be informed.

Interviewed staff indicated they would take a report of sexual abuse or sexual harassment from any source and take all of them seriously and report it to their immediate supervisor and follow-up with a written report, a witness statement or incident report, prior to the end of the shift.

Discussion of Interviews: Interviews with inmates confirmed that they are aware of how to report sexual abuse using PREA Hotline. Some said they would tell the Warden or PREA Compliance Manager. Staff stated multiple ways inmates could report sexual abuse and stated they would take every allegation seriously regardless of the source. When asked if they would take an anonymous report; one hundred percent said they would and would document the information in an incident report after verbally reporting it. They also indicated they would take a third-party report, report it verbally, and follow-up with a written statement prior to the end of the shift.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 331">Administrative Directive and Documents Reviewed: Administrative Directive 9.6, Inmate Administrative Remedies, Section 8, page 11, Inmate Grievance Procedure and the Administrative Remedy Form CN 9602, Cheshire Correctional Institution PAQ</p> <p data-bbox="240 360 732 387">Interviews: Warden, PREA Compliance Manager</p> <p data-bbox="240 418 1458 479">Interviews: Inmates who reported Sexual Abuse Observations: Not applicable for this standard. In the past 12 months, the number of grievances filed that alleged sexual abuse: 0</p> <p data-bbox="240 508 1414 568">The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0</p> <p data-bbox="240 600 1485 792">Discussion of Administrative Directive and Documents: Directive 9.6, Inmate Administrative Remedies paragraph 8. PREA Investigation Decision. Complaints alleging sexual abuse or sexual harassment must be reported in accordance with Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, and shall be investigated by the PREA Investigation Unit. Any PREA Investigation issued by the Director of the PREA Investigation Unit is not subject to further department appeal. Complaints alleging sexual abuse or sexual harassment do not follow the Administrative Remedies Procedure outlined in this Directive.</p> <p data-bbox="240 824 413 851">Filing Grievance:</p> <ul data-bbox="240 882 1485 1256" style="list-style-type: none"> • Staff interviews confirm that if a resident file a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months. • An interview with the Grievance Officer indicated that computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. • CTDOC policy requires Cheshire Correctional Institution to notify the inmate in writing when the facility request an extension. The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate can submit a grievance any time regardless of when the incident is alleged to have occurred. The Deputy Warden/PCM confirmed that CTDOC does impose timelines for any portion of a grievance that does not allege an incident of sexual abuse. <p data-bbox="240 1288 1477 1451">Moreover, CTDOC has an administrative procedure for dealing with inmate grievances regarding sexual abuse outlined in Policy (9.6) Inmate Administrative Remedies. Cheshire Correctional Institution provided documentation to support this standard. Although administrative directive doesn't specifically outline that an inmate can submit a grievance regarding an allegation of sexual abuse. In practice, the auditor confirmed that CTDOC and Cheshire Correctional Institution accepts all allegations of sexual abuse /sexual harassment from any source. The administrative remedies policy indicates the following:</p> <p data-bbox="240 1482 1485 1646">The Department of Correction shall provide a means for an inmate to seek formal review of an issue relating to any aspect of an inmate's confinement that is subject to the Commissioner's authority. The Inmate Administrative Remedies Process enables the Department to identify individual and systemic problems, to resolve legitimate complaints in a timely manner and to facilitate the accomplishment of its mission." Policy 9.6, Inmate Administrative Remedies dated 11/27/2012, outlines the Inmate Grievance Procedure in Section 6 of this directive.</p> <p data-bbox="240 1677 1485 2033">Further, inmates may file a grievance, however, all allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, policy prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. This may be accomplished by completing and depositing form CN 9602, Inmate Administrative Remedy Form, in the Administrative Remedies box. Allegations of physical abuse by staff shall be referred to the PREA Investigative Unit, in accordance with procedures established for such referrals. Policy addresses the filing of emergency administrative remedy requests. The Deputy Warden/PCM indicated that if an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse; an expedited response is required to be provided within 48 hours. CTDOC best efforts are made to provide expedited appeal responses within five calendar days.</p> <p data-bbox="240 2065 1485 2159">If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger, if the remedy became known at the institution, the inmate may submit the remedy directly to the PREA Coordinator. Third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates shall be permitted in</p>

assisting inmates to file administrative remedies related to allegations of sexual abuse.

Discussion of Interviews: During the onsite audit the Deputy Warden/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. Inmates are held accountable for manipulative behavior and false allegations. Generally, disciplinary action would be taken if a grievance was filed in bad faith.

115.53	Inmate access to outside confidential support services
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1481 331">Administrative Directive and Documents Reviewed: Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education, Cheshire Correctional Institution PAQ</p> <p data-bbox="242 360 440 389">Interviews: Inmates</p> <p data-bbox="242 418 1289 448">Observations: PREA posters throughout the facility, contact information for the outside advocacy agency.</p> <p data-bbox="242 477 1485 938">Discussion of Administrative Directive and Documents Review: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 10. Inmate Education. During intake processing each inmate shall receive orientation that includes a presentation of the PREA video titled "PREA- What you need to know" in accordance with Administrative Directive 10.12, Inmate Orientation. Each inmate shall sign the designated form acknowledging receipt of such materials which shall be maintained in the inmate's Master File. Inmates assigned to a restrictive status or inmates whose status and/or behavior preclude them from attending group orientation sessions shall receive a "Sexual Abuse/ Sexual Harassment Prevention for Inmates" handout as well as the Inmate Handbook with information regarding the Prison Rape Elimination Act and personal safety. During orientation, inmates shall be made aware of DOC's zero tolerance policy for Inmate Sexual Abuse and Sexual Harassment and at least two internal methods of reporting sexual abuse/ sexual harassment and one method of reporting sexual abuse to an external entity that is not part of the Department of Correction. Third party and anonymous reporting must be allowed. Additionally, inmates shall be provided with contact information for victim advocacy groups that provide services to victims of sexual abuse. Inmates with disabilities that prevent them from being able to access the materials in the format(s) in which they are regularly provided shall be accommodated in a way appropriate to their disability in accordance with Administrative Directive 10.19 American with Disabilities Act.</p> <p data-bbox="242 967 1485 1128">CDOC Directive requires the facility attempt to enter into an agreement with a rape crisis center to make available a victim advocate to inmates being evaluated for the collection of forensic evidence. Victim advocates from the community used by the facility will be pre-approved through the appropriate screening process and subject to the same requirements of contractors and volunteer who have contact with inmates. Advocates serve as emotional and general support, navigating the inmate through the treatment and evidence collection process.</p> <p data-bbox="242 1158 1449 1254">The agency provided a Memorandum of Agreement for an outside advocacy service with CONNSACS to provide an advocate for a victims of sexual assault to accompany him through the forensic process and any investigation interviews, providing emotional support services and provided a 24/7 hotline for reporting sexual abuse.</p> <p data-bbox="242 1283 1477 1379">The Auditor reviewed the signed MOU with CONNSACS. The inmate handbook provides the contact information for agency and services provided by the agency. The contact information is posted in each housing unit. The Auditor noted during her tour of the facility that victim advocacy information was displayed in each housing unit.</p> <p data-bbox="242 1408 1465 1469">Inmates also have access to the Connecticut Department of Correction hotline, and the Connecticut State Police . Contact information, including phone numbers and mailing addresses are provided, posted and accessible to inmates.</p> <p data-bbox="242 1498 1474 1594">Inmates have access to their attorney's if they have one and may correspond with them, call them and visit with them at the prison. Professional visits are available during normal duty hours and by other appointment to accommodate them. Inmates have access to their parents or relatives daily via phone, through the mail, and through visitation</p> <p data-bbox="242 1624 1465 1720">Discussion of Interviews: The facility provided a Memorandum of Agreement for an outside advocacy service with CONNSACS to provide an advocate for a victim of sexual assault to accompany him through the forensic process and any investigation interviews, providing emotional support services and provided a 24/7 hotline for reporting sexual abuse.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Administrative Directive and Documents Reviewed: Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9-10, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, PREA Brochure, Connecticut Department of Correction website, Connecticut Correctional Institution PAQ

Interviews: Staff and Inmates

Observations: Review of the Agency's Website (Connecticut Department of Correction)

Discussion of Administrative Directive and Documents: Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9-10, B. Third Party Reporting. Staff shall accept reports of sexual abuse, sexual harassment, retaliation for reporting sexual abuse and harassment or staff neglect or violation of responsibilities from inmates not directly involved in the incident in question. Such inmates may report these incidents in any manner set forth above. Inmates who file third party reports of sexual abuse and/or sexual harassment that are deemed to be false and unfounded after proper investigation may be subject to disciplinary action in accordance with Administrative Directive 9.5, Code of Penal Discipline and/or criminal charges according to applicable State laws. Staff shall also accept such reports from individuals outside the correctional facility. These individuals may make reports by: 1. Writing to or calling the Commissioner, Deputy Commissioner, District Administrator or Unit Administrator of the facility in which the incident allegedly occurred. 2. Contacting the PREA Coordinator.

The Department shall make the above information about reports from third parties outside the correctional facility available on its website.

The Connecticut Department of Correction and Connecticut Cheshire Correctional Institution provide multiple ways for inmates to access third parties who may make reports on behalf of an inmate. CTDOC provides contact information enabling Third Party reports to be made to the CTDOC Office, to the CTDOC TIP Line and to the agency's PREA Coordinator. Information is provided to inmates that allow them to call or write the Connecticut State Police. They are also informed they may report in writing to the Office of Victim Services. This information is provided in the brochure given to inmates during admissions/orientation.. A PREA hotline is also available for third party reports and an inmate's pin is not required to place a call using the "hotline". The auditor tested a phone and found it operational. Dialing instructions are posted at the phone.

The facility informs inmates, prior to giving them access, of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The agency also has a TIP Line accessible to inmates and to third parties. The Connecticut Department of Correction Home page provides the phone numbers of multiple departments/offices a third party could call to report sexual abuse or sexual harassment.

Cheshire Correctional Institution Inmate A&O Handbook (English), PREA posters (English and Spanish), CSP address, CTDOC website, and the Connecticut Alliance to End Sexual Violence (CONNSACS) MOU collectively meet the mandates of Standard 115.54. The CTDOC website, posted notices (inside living units and visiting room) and the Cheshire CI Inmate A&O Handbook provide inmates with contact information to the Connecticut State Police (*9333#), toll free numbers to CTDOC (*9222#), and Connecticut Alliance to End Sexual Violence (CONNSACS) (*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.

The facility accepts all third party reports of inmate sexual abuse or sexual harassment. The facility established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the facility website. The facility distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate on their website. The website provides contact information as well as whom the third party to reporter.

Discussion of Interviews: Staff were asked to name ways inmates can make reports or allegations of sexual abuse or sexual harassment. They consistently could name multiple ways and when asked if an inmate could report anonymously and through a third party, they said they could, and they would take those reports seriously like all other reports and would report it verbally and complete a witness statement before the end of their shift. Inmates may report via the PREA Hotline. Interviewed inmates were aware they could report via third party, including a parent, relative or another inmate could make the report for them.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1437 360">Administrative Directive and Document Review: Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, pages 10 and 11, Staff Monitoring and Intervention (Sexual Abuse), Cheshire Correctional Institution PAQ</p> <p data-bbox="240 394 914 423">Interviews: Warden, Medical and Mental Health staff, Random staff</p> <p data-bbox="240 454 1490 645">Discussion of Administrative Directive and Documents Reviewed: 13. Staff Monitoring and Intervention (Sexual Abuse). Staff, volunteers, vendors and contractors shall treat any observation of sexual activity as potential sexual abuse. All staff, vendors, volunteers and contractors shall report any instance of suspected, alleged or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse, or staff neglect or violation of responsibilities contributing to sexual abuse to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive 6.6, Reporting of Incidents.</p> <p data-bbox="240 676 1477 904">Department of Correction Administrative Directive requires staff that witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to notify the PREA Compliance Manager and Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation.</p> <p data-bbox="240 936 1493 1128">Staff, failing to comply with the reporting requirements of CTDOC Administrative Directive, may be banned from correctional facilities or will be subject to disciplinary action, up to and including termination. If an alleged victim is under the age of 18, the Department reports the allegation to the Department of Family and Children Services, Child Protection Services Section. Staff are not to disclose any information concerning sexual abuse, sexual harassment or sexual misconduct of an offender, including the names of the alleged victims or perpetrators, except to report the information as required by Administrative Directive, or the law, or to discuss such information as a necessary part of performing their job.</p> <p data-bbox="240 1160 1477 1288">This facility does not house youthful offenders; however, Administrative Directive requires if the victim was under the age of 18, the facility is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Also, if the victim is considered a vulnerable adult under Connecticut Law, the Director of Investigations or designee will make notification to the appropriate outside law enforcement agency.</p> <p data-bbox="240 1319 1437 1411">Administrative Directive requires that staff be aware of and attempt to detect to attempt to prevent sexual abuse, sexual harassment or sexual misconduct, through offender communications, comments to staff members, offender interactions, changes in offender behavior, and isolated or vulnerable areas of the institution.</p> <p data-bbox="240 1442 1485 1671">The Connecticut Department of Correction Administrative Directive mandates that all staff, contractors and volunteers report any knowledge, suspicion, or information they may receive concerning sexual assault or sexual harassment. They are required to report any retaliation they know about or have observed or are aware of. Additionally, they are expected to report any knowledge or information related to staff negligence of misconduct that may have resulted in a sexual assault. Staff are required to keep confidential, any information, knowledge or reports of sexual abuse or sexual harassment they may receive other than reporting to those who have a need to know and for management and security decisions. Medical staff are required to report all allegations of sexual abuse that comes to their attention.</p> <p data-bbox="240 1702 1490 1794">Staff is trained and Administrative Directive requires that any information they obtain or become aware of is limited to a need-to-know basis and only for the purpose of treatment, security and management decisions, such as housing, work, education, and programming assignments.</p> <p data-bbox="240 1825 1490 1953">At the initiation of services, medical, counseling and mental health personnel understand that they are required to inform inmates of their duty to report and the limitations of confidentiality and any information medical or counseling staff receive will be reported in compliance with Administrative Directive. This was confirmed through interviews with the Health Services Administrator and Warden.</p> <p data-bbox="240 1984 1490 2085">Administrative Directive requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports must be reported to the facility's designated investigators. All allegations are required to be reported to the staff's immediate supervisor.</p> <p data-bbox="240 2116 1477 2145">Staff is trained to report all allegations regardless of how those allegations came to light and to report them immediately to a</p>

designated shift supervisor. Upon making verbal notification, they are required to document the allegation in a written statement or an incident report and these must be completed as soon as possible but always prior to the end of the shift (or leaving the shift). Administrative Directive requires that reports of allegations of sexual assault or sexual harassment are limited to those with a need to know only and reports are generally made by radioing the Shift Supervisor to come to the area or taking the Inmate to the Supervisor's Office. Interviewed staff confirmed they are going to keep the reports limited to their immediate supervisor and anyone else on a need to know basis.

Medical, Counselors and Mental Health providers are required to report any knowledge, information, reports, or suspicions of sexual abuse or sexual harassment and are required to inform inmates at the initiation of services of the limits of confidentiality and their duty to report. This was confirmed through interviewing the Health Services Administrator, Director of Nursing, and a Registered Nurse. These staff are all mandated reporters.

Discussion of Interviews: The Department and the Warden requires that staff report all knowledge or information they have regarding an incident of sexual abuse or sexual harassment. This also includes reporting anything suspected. Randomly selected staff, both security and non-security staff affirmed that they must report "everything". When pressed about "everything" they consistently said they would report anything they knew, saw, or heard of. When asked about something they just suspected, they said they would have to report that as well. When asked if they would take an "anonymous" report and report it, they said they did not know how that would help but they would report it. Asked about another inmate reporting for another, they said they would take that seriously and report it also. They also affirmed they would be required to write a statement following an immediate report to their shift supervisor/Officer in Charge. When asked about a time frame for completing a written report they said within 24 hours was Administrative Directive they thought but they could not leave the shift until the statement was written.

Staff indicated they had to take all things seriously even if the inmate had been known to "cry wolf". Non-Uniform staff were as articulate as the security staff about reporting. Everyone indicated they too would report all information, knowledge, or suspicion regarding sexual abuse. When asked about reporting staff negligence that may have contributed to an incident of sexual abuse, they said they would report that as well. When asked if they would report their supervisor if they witnessed or heard of the supervisor violating the zero-tolerance Administrative Directive, they said they would. When asked about any sanctions for failing to report, staff said they would be disciplined and most likely terminated.

115.62	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1484 331">Administrative Directive and Documents Reviewed: Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 8, 1 Screening for Risk of Victimization, Cheshire Correctional Institution PAQ</p> <p data-bbox="242 360 588 389">Interviews: Warden, Random Staff</p> <p data-bbox="242 421 1477 613">Discussion of Administrative Directive and Documents: 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 1) Inmates at high risk for sexual victimization shall not be placed involuntarily in restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot perform such an alternative housing assessment immediately, the facility may hold the inmate involuntarily in restrictive housing on Administrative Detention status per A.D. 9.4 Restrictive Status for less than 24 hours while completing the alternative housing assessment.</p> <p data-bbox="242 645 1477 837">CTDOC Administrative Directive 6.12, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in Offender Data Base indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, the counselor will evaluate the victim within 72 hours. Again, a note is to be entered Offender Database indicating the reason for continued placement.</p> <p data-bbox="242 869 1493 994">The care and treatment is responsible for documenting the reasons. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation a case note documenting the reason for placement is completed and documented. If the offender remains in Administrative Segregation for 72 hours, the counselor evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented.</p> <p data-bbox="242 1025 1485 1151">If the alleged perpetrator is a staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate.</p> <p data-bbox="242 1182 1493 1276">Once a determination has been made that there is sufficient evidence of sexual assault, staff ensures closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and updates the victim's offender file with incident information.</p> <p data-bbox="242 1308 1458 1368">Reviewed incident reports, grievances, Monthly PREA reports, calls to the PREA Hotline in the past 12 Months Report; as well an interview with the Warden indicated the facility has had no inmates at risk of imminent sexual assault/abuse.</p> <p data-bbox="242 1400 1493 1525">Interviewed staff indicated that if an inmate told them they were in fear of another inmate or staff or at risk of imminent sexual abuse, they would take that report seriously and remove the inmate immediately from the threat or potential threat. They also, indicated, when asked, where they thought the inmate would be housed to keep them safe, that the inmate could be placed in another dorm possibly but most likely placed in a holding cell and transferred for his safety.</p> <p data-bbox="242 1556 1477 1617">In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0</p> <p data-bbox="242 1648 1493 1774">Discussion of Interviews: The Warden stated there has been no inmate at risk of imminent sexual abuse in the past 12 months. All interviewed staff stated they would take the inmate's allegation seriously and would act immediately by removing the inmate from the source of the threat and keep that inmate with them and take the inmate to the Shift Supervisor to ensure the inmate's safety until a decision could be made about where best to house the inmate.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1414 365">Administrative Directive and Documents Reviewed: CTDOC Administrative Directive, 6.12 page 10, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Staff Monitoring and Intervention (Sexual Abuse), page 11 B. Supervisory Action; Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire; Reviewed Incident Report</p> <p data-bbox="240 398 916 425">Interviews: Warden; PREA Compliance Manager and Agency Head</p> <p data-bbox="240 459 1485 613">Discussion of Administrative Directive and Reviewed Documents: CTDOC Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention. If the incident reported allegedly occurred in a facility that is not under the jurisdiction of the Department of Correction, or at a facility/ site under the jurisdiction of the Department of Correction other than where it is reported, the Unit Administrator or designee shall notify the administrator of the other facility of the allegation within 72 hours of the reporting of the incident. Notifications made via email or phone.</p> <p data-bbox="240 647 1493 943">Reporting to other Confinement Facilities, requires that in cases where there is an allegation that sexually abusive behavior occurred at another Department facility, the Warden/designee of the victim's current facility is required to provide notification to the Warden of the identified institution and the Department's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Warden of the inmate's current facility refers the matter directly to the Connecticut State Police. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non-Department facilities, the Warden/designee(s) contacts the appropriate office of that correctional Department. This notification must be provided as soon as possible but not later than 72 hours after receiving the allegation. Notification is documented. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p data-bbox="240 976 1485 1131">The administrative staff knew and described the steps they would take in reporting to the sending facility and ensuring that if an investigation had not been initiated, starting an investigation. They also indicated if they received an allegation from another facility that an offender had been sexually abused while at this facility, they would cooperate with an investigation and conduct interviews or provide any additional information they might have. They indicated they would make the report immediately but were aware that the Administrative Directive required notification within 72 hours.</p> <p data-bbox="240 1164 1458 1223">In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0</p> <p data-bbox="240 1256 1310 1283">In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p data-bbox="240 1317 1493 1541">Discussion of Interviews: The Warden confirmed during an interview she is aware of the CTDOC Administrative Directive and PREA Standards relating to reporting allegations in which an inmate alleged sexual abuse at another facility. Connecticut Cheshire Correctional Institution documented in the PAQ and the Warden confirmed there has been no allegation during the past 12 months in which an inmate at this facility alleged sexual abuse at another facility. The allegation was reported to the facility immediately. However, the facility received notification that an inmate made an allegation of sexual abuse while housed at the facility. In accordance with Cheshire Correctional Institution and Connecticut Department of Correction, the allegation was investigated.</p> <p data-bbox="240 1574 1485 1697">The PREA Compliance Manager and Warden confirmed they are aware of the Administrative Directive requiring reporting to other facilities upon receiving an allegation of sexual abuse that occurred in another facility. They also indicated if they received an allegation from another facility that an inmate, while assigned to this facility, was sexually abused at this facility, they would initiate an investigation and cooperate with any investigation and treat it as any other investigation.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1474 360">Administrative Directive and Documents Review: Connecticut DOC Administrative Directive, CTDOC; local protocol, "PREA Reporting Process"; Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire; SANE's List; SANE Log; Local Operating Directive Procedure, Sexual Assault Response Protocol</p> <p data-bbox="240 396 940 423">Interviews: Random Staff, Uniform and Non-uniform First Responders</p> <p data-bbox="240 454 1485 678">Discussion of Administrative Directive and Documents: A. Staff Action. If a staff member including medical staff, suspects, or an inmate or third party alleges that he/she or another inmate may have suffered from sexual abuse, the following actions shall be implemented: 1. Identify, separate and secure inmates involved, if necessary. 2. Identify the crime scene and maintain the integrity of the scene for evidence gathering. 3. Notify a shift supervisor of the incident as soon as practical. 4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be reasonably expected to destroy biological, forensic or physical evidence related to such sexual abuse.</p> <p data-bbox="240 710 1490 1104">Connecticut DOC Administrative Directive, CTDOC, describes, in detail, actions to take upon learning that an inmate has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Administrative Directive and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours 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; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately. The Sexual Assault Response Team will be notified and will implement the local protocol.</p> <p data-bbox="240 1135 1422 1196">Staff is trained in first responding during annual in-service training, with refreshers in shift briefings and from the PREA Compliance Manager in meetings and briefings. This information was provided by staff during their interviews.</p> <p data-bbox="240 1227 1466 1355">Non-uniformed staff has been trained in first responding. They receive the same annual in-service training during Day 1, which includes PREA. They could describe the steps they would take in response to being informed an inmate had been sexually assaulted. They sated step by step the same procedures as correctional staff. The nurse stated that, in addition to conducting an assessment on the alleged victim the facility would attempt to protect any used evidence.</p> <p data-bbox="240 1386 1458 1478">Connecticut Department of Correction requires that all staff and contractors having contact with inmates attend, minimally, Day 1 of Annual In-Service Training. That training includes a refresher on first responding. The facility provided multiple training rosters documenting staff and contractors completing Day 1 Annual In-Service Training.</p> <p data-bbox="240 1509 1455 1601">Interviewed staff, including non-uniformed staff, explained the steps required as a first responder. They were consistent in their responses and the responses were consistent with the CTDOC Administrative Directive (6.12). and Staff Action Procedure Directive.</p> <p data-bbox="240 1632 1490 1760">Correctional Staff consistently reported they would immediately separate the alleged victim from the alleged perpetrator, notify their supervisor, secure the crime scene, tell the victim and aggressor not to eat, shower, change clothes, use the restroom or brush their teeth. Some staff indicated that, if possible, they would put the alleged perpetrator in a cell and cut off the water.</p> <p data-bbox="240 1792 1493 1953">Medical and mental health staff explained what their roles would be as non-security first responders. They would do the same if they were the first person to become aware of an allegation or incident of sexual abuse. They explained their role would be to separate the inmate from the alleged aggressor and report the allegation and to assess the inmate but attempt to protect evidence that may be on the person or his clothing. They would conduct a visual assessment of the inmate but would take all precautions possible to protect the evidence.</p> <p data-bbox="240 1984 1461 2076">The Sexual Assault Nurse Examiner would be called to conduct the forensic exam at the local hospital, collecting potential forensic evidence. A chain of custody would be started, and the sexual assault kit turned over to the security staff at the facility, which would in turn, turns it over to the Connecticut State Police.</p> <p data-bbox="240 2107 1121 2141">In the past 12 months, the number of allegations that an inmate was sexually abused: 7</p>

Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 2

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 3

In the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0

in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0

In the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 2

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 2

Discussion of Interviews: Interviews with random staff, uniform and non-uniform staff, including medical staff and mental health confirmed they are knowledgeable of their roles as first responders. Medical and mental health staff explained what their roles would be as non-security first responders. They would do the same if they were the first person to become aware of an allegation or incident of sexual abuse. They explained their role would be to separate the inmate from the alleged aggressor and report the allegation and to assess the inmate but attempt to protect evidence that may be on the person or his clothing. They would conduct a visual assessment of the inmate but would take all precautions possible to protect the evidence.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1385 331">Administrative Directive and Documents Reviewed: 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Coordinated Response; Local Operating Directive, Connecticut Cheshire Correctional Institution PAQ</p> <p data-bbox="242 360 588 385">Interviews: Warden, Random Staff</p> <p data-bbox="242 421 1497 880">Discussion of Administrative Directive and Documents: CTDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 13. A. Staff Action, B. Supervisory Action, C. Medical Staff Action: A. Staff Action. If a staff member including medical staff, suspects, or an inmate or third party alleges that he/she or another inmate may have suffered from sexual abuse, the following actions shall be implemented:1. Identify, separate and secure inmates involved, if necessary. 2. Identify the crime scene and maintain the integrity of the scene for evidence gathering. 3. Notify a shift supervisor of the incident as soon as practical. 4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be reasonably expected to destroy biological, forensic or physical evidence related to such sexual abuse.5. Promptly document incident on CN 6601, Incident Report and forward to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents. 6. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. If the incident reported allegedly occurred in a facility that is not under the jurisdiction of the Department of Correction, or at a facility/ site under the jurisdiction of the Department of Correction other than where it is reported the Unit Administrator or designee shall notify the administrator of the other facility of the allegation within 72 hours of the reporting of the incident.</p> <p data-bbox="242 913 1497 1272">B. Supervisory Action. In addition to the requirements of Section 13(A) above, the supervisor shall: 1. Contact the facility duty officer as soon as practical. Alert health services staff as soon as practical. Escort the victim to the Health Services Unit for a private medical and mental health assessment as soon as possible. 3. Take appropriate steps to ensure that the victim is not left alone. 4. Offer or make arrangements for the victim to speak with the facility's religious service representative. 5. Ensure timely access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. 6. Complete all necessary reports in accordance with this Directive and Administrative Directive 6.6, Reporting of Incidents. 7. Complete CN 61201- PREA Incident Checklist. 8. Forward the reports through the appropriate chain of command for review and follow up investigation. 9. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="242 1305 1497 1429">If the incident reported allegedly occurred in a facility that is not under the jurisdiction of the Department of Correction, or at a facility/ site under the jurisdiction of the Department of Correction other than where it is reported, the Unit Administrator or designee shall notify the administrator of the other facility of the allegation within 72 hours of the reporting of the incident.</p> <p data-bbox="242 1462 1497 2123">C. Medical Staff Action. The following actions shall be undertaken by facility medical staff in response to a reported incident of sexual abuse: 1. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any facility. (An inmate may refuse such treatment in writing utilizing HR-301; Refusal of Health Services) any such refusal must be documented by the Supervisor completing the PREA Incident Checklist (CN61201). 2. The evaluation and treatment of such victims shall 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. Medical and mental health staff must inform the alleged victim of their duty to report allegations of sexual abuse and limitations of confidentiality regarding that topic at the initiation of services. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and timely information about and access to emergency contraception. 6. Inmate victims of sexual abuse while incarcerated shall be offered timely access to information about and access to sexually transmitted infections prophylaxis and tests for sexually transmitted infections all as medically appropriate. 7. Treatment services relative to sexual abuse shall be 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. 8. All facilities shall attempt to conduct a mental health evaluation of all known inmate-on-inmate aggressors within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. 9. If pregnancy results from the conduct described in this directive, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. 10. If the inmate is under 18 or otherwise subject to any mandatory reporting laws, report the incident to the Department of Children and Families or relevant agency. 11. Complete and submit all required documentation. 12. Offer a forensic examination.</p>

Policy requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and counselor, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties.

The Connecticut Cheshire Correctional Institution Staff Monitoring and Intervention (Sexual Abuse) serve as the facility's Coordinated Response Plan. It identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with CTDOC Administrative Directive.

Discussion of Interviews: In an interview the Warden related, the facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1492 432">Connecticut is not a “right to work” state. The research appears to be divided as to the outcomes of right-to-work laws, although there are pluses and minuses on both sides. Whether right-to-work legislation directly hurts or helps a state’s economy is still up for debate. Connecticut Department of Correction conducts collective bargaining activities at the State level. There are no current agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p data-bbox="242 463 1396 589">An interview with the Commissioner of the Connecticut Department of Correction (prior interview) confirmed that his Department is not involved in any form of collective bargaining and he can remove any staff from contact during an investigation and can remove them from employment for violating an agency sexual abuse or sexual harassment Administrative Directive.</p> <p data-bbox="242 620 1469 714">Interviews: Commissioner of the Connecticut Department of Correction; Warden; Statewide PREA Coordinator (previous interview); Statewide Assistant PREA Coordinator (previous interview); PREA Compliance Manager; PREA Coordinator as Agency Head Designee (previously).</p> <p data-bbox="242 745 1493 840">Discussion of interviews: Interviews with the Warden, Statewide PREA Coordinator and PREA Compliance Manager confirmed that the Connecticut Department of Correction is not involved in any form of collective bargaining. The Warden can remove any staff member from contact with inmates following an allegation of sexual abuse or sexual harassment.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1437 331">Administrative Directive and Documents Reviewed: CTDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; page 15, 18. Post Allegation Protection of Inmates and Staff from Retaliation</p> <p data-bbox="240 360 730 387">Interviews: Warden, Facility's Retaliation Monitor</p> <p data-bbox="240 421 1485 813">Discussion of Administrative Directive and Documents Review: CTDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Post Allegation Protection of Inmates and Staff from Retaliation. No inmate or staff should be retaliated against for reporting inmate sexual abuse or inmate sexual harassment. For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the alleged sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the PREA Unit should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Unit should also include periodic status checks of any alleged inmate victims. The PREA Unit shall continue the monitoring beyond 90 days if the initial monitoring indicates a continuing need for monitoring. If any other individual who cooperates with the investigation expresses a fear of retaliation, the PREA Unit shall recommend appropriate actions (if any) to protect the individual against retaliation. The agencies PREA Director Unit's obligation to monitor shall terminate if an investigation determines that the allegation is unfounded.</p> <p data-bbox="240 846 1437 1070">The Connecticut Department of Correction affirms the agency has a zero tolerance for any form of retaliation and is committed to protecting inmates or staff who report sexual abuse and sexual misconduct or sexual harassment from retaliation. Administrative Directive requires that anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or sexual harassment in good faith is subject to disciplinary action. Administrative Directive requires a staff be identified to monitor for retaliation. Additionally, Administrative Directive provides multiple protection measures including housing changes for inmates, transfers, removal of alleged staff or inmate abusers from contact with victims and emotional support for inmates or staff who fears retaliation.</p> <p data-bbox="240 1104 1098 1131">Monitoring is required to be conducted for at least 90 days following a report of abuse.</p> <p data-bbox="240 1164 1034 1191">The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p data-bbox="240 1225 1485 1482">The Warden has designated a Counselor to serve as the Retaliation Monitor. In interview with the retaliation monitor she indicated she understands and is knowledgeable of the prevention measures the facility might take in a given situation to prevent retaliation in the first place. Prevention measures include separating the alleged victim and abuser by placing them in separate dorms when possible or in protective custody and the alleged perpetrator in segregation. If a staff is involved that staff may be placed on some form of "no contact" until the investigation is over. Reviewed investigation packages contained documented retaliation monitoring using the CTDOC Retaliation Monitoring Form. That form documented monitoring such things as DRs, movements to other dorms, and changes in details. Similarly, for staff, monitoring would include changes in shifts, posts, details, and performance reports and write ups.</p> <p data-bbox="240 1516 1469 1740">Monitoring will include monitoring the conduct and treatment of inmates and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes the following: review of inmate disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of inmates will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Administrative Directive requires that monitoring is documented on the CTDOC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each inmate being monitored.</p> <p data-bbox="240 1774 1422 1834">The Connecticut Department of Correction 90 Day Offender Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60 and 90 days:</p> <ul data-bbox="240 1868 703 2114" style="list-style-type: none"> · Offender Disciplinary Report(s) History. · Offender Housing Unit Placement Reviewed. · Offender Transfer(s) Placement Review. · Offender Program(s) History Review. · Offender Work Performance Review.

- Offender Schedule History Review.

- Offender Case Note(s) Review.

Upon learning of an allegation whether, staff on inmate or inmate on inmate, the alleged victim and alleged aggressor are separated. For the inmate, that may mean placing either the alleged victim or alleged aggressor or both, temporarily in administrative segregation. If a staff is involved the staff will be separated from the alleged victim by placing the staff either on a post away from the inmate or placing the staff on administrative paid leave while an investigation is going on and placing a staff on administrative leave with pay is the most likely scenario according to the Warden.

The Retaliation monitor described her role in preventing retaliation and monitoring retaliation and explained to the auditor that she looks at things like housing assignments, reviews programming assignments, and detail changes. Retaliation monitoring is documented on the CTDOC Retaliation Monitoring Form. For staff she would review post assignments, changes in shifts, performance reports and write ups.

Discussion of Interviews: The Retaliation Monitor described possible prevention measures including changing dorms, changing detail assignments, changing programs, etc. and for staff, placing them on "no-contact", reviewing shift assignment changes, and performance reviews and that they would use the CTDOC Form guiding the items to check that might indicated retaliation. She indicated she monitors inmates each 30, 60 and 90 days. The monitor indicated she would be checking things like DRs, Dorm Changes, and Work Detail Changes etc. Monitoring occurs every 30, 60, and 90 days and is documented on the CTDOC Retaliation Monitoring Form.

The monitor indicated that any alleged victim will be removed and separated from the alleged perpetrator and placed in a safe environment. If an officer was involved in an allegation, the officer would be placed on "no contact" depending on the nature of the allegation or would be placed on a post away from contact with the Inmate. The PAQ indicates the facility has had zero (0) incidents of retaliation to occur in the past 12 months.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1437 365">Administrative Directive and Documents Reviewed: Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 9, Screening for Risk of Victimization and Abusiveness</p> <p data-bbox="240 398 1123 425">Interviews: Warden; Staff Supervising Segregation; Inmates housed in Segregation - NA</p> <p data-bbox="240 459 1477 683">Discussion of Administrative Directive and Documents: Department of Correction Administrative Directive, 6.12, 11. Screening for Risk of Victimization and Abusiveness. 1) Inmates at high risk for sexual victimization shall not be placed involuntarily in restrictive housing unless an assessment of all available housing alternatives has been made and a determination has been made that there is no available alternative housing means of separation from likely abusers. If the facility cannot perform such an alternative housing assessment immediately, the facility may hold the inmate involuntarily in restrictive housing on Administrative Detention status per A.D. 9.4 Restrictive Status for less than 24 hours while completing the alternative housing assessment.</p> <p data-bbox="240 716 1490 1008">Screening for Risk of Victimization and Abusiveness prohibits placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the inmate may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the inmate's safety, must be documented in the inmate/offender database, documenting concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Inmates who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="240 1041 1474 1198">The reviewed Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire documented that there were zero inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for 24 hours awaiting completion of assessment, none for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility provides a review at least every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="240 1232 1490 1489">The Connecticut CTDOC Administrative Directive, 6.12, requires that offenders at high risk for sexual victimization are not 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. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation no more than 24 hours while completing the assessment. This placement, including the concern for the inmate's safety is noted in the offender database case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. The inmate will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged. Assignment does not ordinarily exceed a period of 30 days.</p> <p data-bbox="240 1523 1466 1646">Inmates at high risk for sexual victimization are housed in the general population. Generally, inmates at high risk for victimization will be placed in one of the dorms identified as providing a safer environment with no aggressors assigned to the dorm. They are not placed in segregated housing and would not be placed there unless there were no other options for safely housing the inmate.</p> <p data-bbox="240 1680 1458 1736">If there was no place to safely house a potential or actual victim, the victim will be temporarily housed in the administrative segregation area but would be expeditiously transferred to another facility where he could feel safe.</p> <p data-bbox="240 1769 1485 1926">Inmates in involuntary protective custody, in compliance with Administrative Directive, will have access to programs and services like those of the general population, including access to medical care, mental health, recreation/exercise, education, and the phone. The staff member supervising segregation stated, in an interview, that any inmate placed on involuntary protective custody will have access to programs, including education. They would also have their tablets enabling them to communicate with family.</p> <p data-bbox="240 1960 1414 2016">Individual Records are required and will document, among other required things, all activity such as bathing, exercise, medical visits, program participation and religious visits. It should also include documentation of unusual occurrences.</p> <p data-bbox="240 2049 1453 2105">The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours completion of assessment: 0</p>

The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0

Discussion of Interviews: The Warden, PREA Compliance Manager, and staff supervising segregation, indicated that placing someone in involuntary protective custody would be a last resort and may be used only in the absence of any other safe place to house the inmate. They may be placed in there temporarily to determine what happened. Potential Victims of sexual abuse are not housed in a dorm designated solely for potential or actual victims. If the inmate could not be safely housed in the facility, he would be transferred to another prison.

The Staff Supervising Segregation indicated, in interview, that there have been no inmates placed in involuntary segregation or protective custody during the past 12 months. When inmates are placed in involuntary segregation, the reason is documented. Inmates should also have access to programs, possibly attend class if in GED and other programs, and have access to visitation, recreation, to phones, medical and mental health services.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1390 365">Administrative Directive and Documents Reviewed: Connecticut Department of Correction, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 17, 22. Review by Facility of Sexual Abuse Incidents, Connecticut Department of Corrections, 1.10 Investigations, Cheshire Correctional Institution PAQ</p> <p data-bbox="240 394 715 423">Interviews: Warden; Facility-Based Investigator</p> <p data-bbox="240 452 1489 913">Discussion of Administrative Directive and Documents Reviewed: Connecticut Department of Correction, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention. 22. Review by Facility of Sexual Abuse Incidents. Each facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team shall: (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) consider whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or otherwise caused by other group dynamics at the facility; (3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) assess the adequacy of staffing levels in that area during different shifts; (5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) prepare a report of its findings, including but not necessarily limiting the report to the areas laid out herein as well as any recommendations for improvement. The report shall be submitted to the facility's unit administrator and the PREA Director.</p> <p data-bbox="240 943 1449 1070">Connecticut Department of Correction, 1.10 Investigations: 4. Training. a. Each investigator shall complete an approved training program prior to conducting an investigation. b. Investigators assigned to the Affirmative Action Unit shall receive specialized training provided by the Commission on Human Rights and Opportunities concerning state and federal discrimination laws and techniques for conducting investigations of discrimination complaints.</p> <p data-bbox="240 1099 1473 1294">5. Criminal Investigations. Criminal investigations, to include allegations of sexual abuse, shall fall under the jurisdiction of the Connecticut State Police. When a crime is detected Department personnel shall secure the crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Department personnel may assist the Connecticut State Police upon request, but shall not independently conduct any type of investigative activities, to include conducting interviews of any type. An Administrative Investigation may be conducted by the Department upon authorization of the Connecticut State Police to do so.</p> <p data-bbox="240 1301 1441 1361">a. When criminal activity is discovered during a Department investigation, the matter shall be referred to the Connecticut State Police through the appropriate chain of command.</p> <p data-bbox="240 1391 1465 1686">c. PREA Investigations. PREA Investigations shall, at a minimum, review direct and circumstantial evidence, interview all alleged victims, suspected perpetrators and any relevant witnesses, shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. PREA Unit investigations shall also: (1) include an effort to determine whether staff actions or failures to act contributed to sexual abuse; (2) shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. When the evidence appears to support criminal prosecution, the Connecticut State Police shall be notified. If the Connecticut State Police determine that no criminal aspect exists, the PREA Investigation Unit may conduct compelled interviews only after consulting with the Office of the State's Attorney as to whether compelled interviews would be an obstacle to subsequent criminal prosecution.</p> <p data-bbox="240 1715 1449 1843">li. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the individuals' status as inmate or staff. The use of polygraphs is prohibited. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The departure of the alleged abuser or victim from employment or control of the Department shall not provide a basis for terminating an investigation.</p> <p data-bbox="240 1872 1465 2134">c. PREA Investigations. PREA Investigations shall, at a minimum, review direct and circumstantial evidence, interview all alleged victims, suspected perpetrators and any relevant witnesses, shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. PREA Unit investigations shall also: (1) include an effort to determine whether staff actions or failures to act contributed to sexual abuse; (2) shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. When the evidence appears to support criminal prosecution, the Connecticut State Police shall be notified. If the Connecticut State Police determine that no criminal aspect exists, the PREA Investigation Unit may conduct compelled interviews only after consulting with the Office of the State's Attorney as to whether compelled interviews would be an</p>

obstacle to subsequent criminal prosecution.

i. All contacts with Connecticut State Police and State's Attorneys shall be properly documented in the investigation file to include date, time, and name of person contacted.

ii. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the individuals' status as inmate or staff. The use of polygraphs is prohibited. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The departure of the alleged abuser or victim from employment or control of the Department shall not provide a basis for terminating an investigation.

h. Records Retention. The PREA Unit shall retain all investigation reports for: i. as long as the alleged abuser is incarcerated or employed by the Department, plus five years; or, ii. as long as required by State records retention policies; or, iii. as required by a litigation hold notice, whichever is longer.

The Department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigations are required to be prompt and thorough, including those reported by third parties or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions of physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings. Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the Department does not provide a basis for termination of the investigation.

PREA Unit investigations shall require written authorization from the appropriate District Administrator. A Deputy Commissioner or designee may request initiation of a PREA Unit Investigation. Facility based personnel shall not conduct investigative activities when a PREA Unit Investigation has been authorized or is ongoing; to include conducting interviews of any type unless requested to do so by the PREA Unit.

The Connecticut State Police conduct investigations of allegations that appear criminal in nature, will consult with the district attorney to consider referral for prosecution when the evidence appears to support criminal prosecution and compelled interviews are conducted only after consulting with the prosecutors to ensure the interviews may not be an obstacle for subsequent criminal prosecution.

The Administrative Directive, Investigations also confirmed that the alleged victim would be subject to a polygraph or other truth telling device as a condition for proceeding with the investigation and that under these circumstances the investigation would continue:

- When the victim recants.
- When an employee involved in an investigation terminates his/her employment prior to the conclusion of an investigation.
- When an alleged victim or alleged abusing inmate departs the facility prior to a completed investigation.

Administrative and Criminal Investigations are documented in reports. Administrative Investigations include an Incident Report, Supplemental Report, Witness Statements, Video, if applicable, and an Investigation Summary.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

Discussion of Interviews: An interview the Warden confirmed all allegations are taken seriously and are referred to the agency with the responsibility for conducting criminal investigations, when applicable' the facility does not conduct investigations of sexual abuse or sexual harassment. PREA Unit investigations shall require written authorization from the appropriate District Administrator. A Deputy Commissioner or designee may request initiation of a PREA Unit Investigation. Facility based personnel shall not conduct investigative activities when a PREA Unit Investigation has been authorized or is ongoing; to include conducting interviews of any type unless requested to do so by the PREA Unit.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1437 362">Administrative Directive and Documents Reviewed: Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 3, pages 1, Cheshire Correctional Institution PAQ Interview: Warden</p> <p data-bbox="242 396 1474 488">Discussion of Administrative Directive and Documents Reviewed: The Connecticut Department of Correction Administrative Directive 1.10, Investigations, 3. Definitions and Acronyms. For the purposes stated herein, the following definitions and acronyms apply:</p> <ul style="list-style-type: none"> <li data-bbox="242 497 1321 526">a. Administrative Investigation. An official DOC fact-finding review conducted by trained facility investigators. <li data-bbox="242 528 1302 557">b. Affirmative Action Investigation. An Investigation conducted by the Department's Affirmative Action Unit. <li data-bbox="242 560 1182 589">c. Criminal Investigation. An official inquiry conducted by an external law enforcement agency. <li data-bbox="242 591 1278 620">d. District Investigation. An investigation conducted by a trained Supervisor assigned to a District Office. <li data-bbox="242 622 592 651">e. DOC. Department of Correction. <li data-bbox="242 654 1461 745">f. Electronic Monitoring/Recording Device. Authorized audio/video equipment used to gather intelligence during an authorized Administrative Investigation. This equipment shall only be used by individuals who are conducting an approved investigation. <li data-bbox="242 748 1490 822">g. External Investigation. An official inquiry conducted by an authorized agent of a governmental entity with oversight over all, or any part of, government operations. <li data-bbox="242 824 1003 853">h. Investigator. An employee trained and assigned to conduct investigations. <li data-bbox="242 855 619 884">i. PREA. Prison Rape Elimination Act <li data-bbox="242 887 1465 960">j. PREA Investigation. An Investigation conducted by the PREA Unit regarding an allegation or instance of sexual abuse or sexual harassment involving an inmate. <li data-bbox="242 963 1469 1055">k. Preponderance of Evidence. A standard of evidence which is met if the proposition is more likely to be true than not true. The standard is satisfied if there is greater than a fifty percent chance that the proposition is true. This preponderance is based on the more convincing evidence and its probable truth or accuracy. <li data-bbox="242 1057 1374 1131">l. Security Division Investigation. Investigation authorized by the Commissioner or designee and conducted by the Department's Security Division. <li data-bbox="242 1133 1378 1207">m. Sexual Abuse. For the purpose of this directive, Sexual Abuse shall be defined in accordance with Section 3 of Administrative Directive, 6.12 Inmate Sexual Abuse/ Sexual Harassment Prevention and Intervention. <li data-bbox="242 1209 1418 1256">n. Sexual Harassment. Sexual Harassment shall be defined in accordance with Administrative Directive, 2.2 Sexual Harassment and Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention. <li data-bbox="242 1258 1418 1332">o. Substantiated Allegation. An allegation that was investigated and determined based upon the preponderance of the evidence to have occurred. <li data-bbox="242 1335 1225 1364">p. Unfounded Allegation. An allegation that was investigated and determined not to have occurred. <li data-bbox="242 1366 1445 1440">q. Unsubstantiated Allegation. An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. <p data-bbox="242 1456 1474 1619">d. Conduct of Investigation. An investigator assigned to conduct an investigation shall gather relevant information as necessary to conduct the investigation. No person shall be assigned to conduct an investigation that is involved in, or witness to, the matter under investigation. The investigator shall not recommend a specific level of discipline; however, as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded. Each relevant witness shall be interviewed.</p> <p data-bbox="242 1648 1469 1722">Discussion of Interview: The Warden affirmed in an interview, that the standard of evidence to substantiate an allegation of sexual abuse is "the preponderance of the evidence".</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Administrative Directive and Documents Reviewed: Connecticut Department of Correction, Administrative Directive 1.10, section 10 D. g. Reporting to Inmates, Review of Investigations, Connecticut Correctional Institution PAQ</p> <p>Interview: Warden</p> <p>Discussion of Administrative Directive and Documents Review: g. Reporting to Inmates. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in a Department facility, the PREA Unit shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the PREA Unit did not conduct the investigation, it shall request relevant information from the investigative agency in order to inform the inmate. The PREA Unit's obligation to report the above to an inmate shall terminate if the inmate is released from Department custody.</p> <p>The agency's standard operating procedure, 1.10; Reporting to Inmates, requires that inmates who are in custody of the Connecticut Department of Correction are entitled to know the outcome of the investigation. The inmate must be notified whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.</p> <p>If the allegations involved a staff member, the staff making the notification will, using the CTDOC Inmate Notification Form, inform the inmate whenever:</p> <ul style="list-style-type: none"> · The staff is no longer posted in the institution. · The staff is no longer employed at the institution. · The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution. <p>If the allegation involved another inmate, staff are required to inform the alleged victim when the alleged abuser has been:</p> <ul style="list-style-type: none"> · Indicated on a charge related to sexual abuse within the institution or. · The alleged abuser has been convicted on a charge related to sexual abuse within the institution. Notifications are documented on the CTDOC Notification Form that documents all the above. <p>Interviews: Warden, Facility-Based Investigator</p> <p>Administrative Directive requires the notification be completed by PREA unit unless the appointing authority delegates to another designee under certain circumstances. Notifications are required to be documented. If an inmate is released from the Department's custody the Department's obligation to "notify" the inmate of the outcome of the investigation is terminated. Notifications are required to comply with the PREA Standards and CTDOC Administrative Directive.</p> <p>If an outside entity conducts the investigation the agency/facility will request the relevant information from the agency conducting the investigation to inform the inmate of the outcome of the investigation.</p> <p>The PREA Unit is required to notify the inmate when a staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency would also notify the inmate when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>The notification form would document, for the inmate, if the investigation is determined to be substantiated, unsubstantiated, unfounded or referred to the Connecticut State Policy. If the allegation is determined to be substantiated, unsubstantiated, or unfounded, the inmate is notified of any of the following if applicable:</p> <p>Staff member is no longer posted within the inmate's unit. Staff member is no longer employed at the facility. Staff member has been indicted on a charge related to sexual abuse with the facility. Staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>The alleged abuser (offender) has been indicted on a charge related to sexual abuse within the facility .The alleged abuser (offender) has been convicted on a charge related to sexual abuse within the facility.</p>

Other: Include explanation of why "other:" was checked.

The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 1

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: Notifications are pending due to agency review and approval.

The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0

Discussion of Interview: Interview with the Warden related that the PREA Unit would be responsible for notifying the inmates of the outcome of the investigation. The PREA Unit will use the required CTDOC Notification Form to notify the inmate

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1406 365">Administrative Directive and Documents Reviewed: 2.17 Employee Conduct, Section 6, Staff Discipline; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions; and Connecticut Correctional Institution PAQ</p> <p data-bbox="240 398 1493 622">Discussion of Administrative Directive and Document Review: 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 21. Disciplinary Sanctions. A. Staff Discipline In accordance with Administrative Directives 2.6 Employee Discipline and 2.17 Employee Conduct, staff shall be subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and/or harassment policies. Termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="240 656 1453 750">Department of Correction Administrative Directive, 21 Discipline Sanctions, requires that staff that engages in sexual misconduct with an offender are banned from correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate. Staff may also be referred for criminal prosecution when appropriate.</p> <p data-bbox="240 784 1493 972">The presumptive disciplinary sanction for sexual touching and violation of sexual abuse Administrative Directive is termination. Violations of Department Administrative Directive related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. If an allegation is substantiated by the Special Agent conducting the sexual abuse investigation, the Agent will consult with the local District Attorney and a warrant for the staff's arrest will be taken if warranted and approved by the District Attorney.</p> <p data-bbox="240 1005 1493 1099">Terminations for violations of the Department sexual abuse or sexual harassment Administrative Directive or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was clearly not criminal.</p> <p data-bbox="240 1133 1493 1227">Substantiated cases of non-consensual sexual contact between offenders or sexual contact between a staff member and an offender will be referred for criminal prosecution. This was confirmed through interviews with the Warden and PREA Compliance Manager.</p> <p data-bbox="240 1261 1493 1449">The CTDOC Administrative Directive requires that staff that engage in sexual abuse with offenders and violate and agency sexual abuse and sexual harassment are banned from all Connecticut Correctional Institutions and subject to disciplinary sanctions up to and including termination and termination is the presumptive sanction. If the allegation was criminal in nature, recommendations may be made for referral for prosecution. Special Agents work with the District Attorneys to determine if, and when, they have enough evidence to refer for prosecution. Administrative investigations in which staff violates Administrative Directive, may result in a staff member being disciplined up and including dismissal.</p> <p data-bbox="240 1482 1493 1641">If an offense is less than sexual abuse the appropriate sanction would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This was confirmed through interviews with the Warden and PREA Compliance Manager. Staff interviews confirmed the likely sanction for violating a sexual abuse or sexual harassment Administrative Directive would be termination. Failure to report is cause for disciplinary action up to and including termination.</p> <p data-bbox="240 1675 1453 1769">The Connecticut Department of Correction has a zero tolerance for sexual abuse and sexual harassment and if there is a substantiated case of sexual abuse, the presumptive sanction is termination from employment and possible referral for prosecution.</p> <p data-bbox="240 1803 1453 1865">In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment Administrative Directive: 0</p> <p data-bbox="240 1899 1493 1962">In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment Administrative Directive: 0</p> <p data-bbox="240 1995 1453 2058">In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment Administrative Directive (other than actually engaging in sexual abuse): 0</p> <p data-bbox="240 2092 1453 2154">In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment</p>

Administrative Directive: 0

Staff and contractors found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution.

Contractors and volunteers will be banned from any contact with inmates and reported to law enforcement agencies, unless the activity was not criminal. Appropriate licensing agencies and/or the Connecticut Peace Officer Standards and Training Council will be notified. In the past 12 months no staff violated agency Administrative Directive.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1469 365">Administrative Directive and Documents Reviewed: Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions; and B. Corrective Action for Contractors, Vendor and Volunteers; Connecticut Correctional Institution PAQ</p> <p data-bbox="242 396 427 425">Interview: Warden</p> <p data-bbox="242 454 1442 515">The Connecticut Cheshire Correctional Institution Pre-Audit Questionnaire documented that there were no allegations of sexual abuse or sexual harassment against any contractor or volunteer during the past 12 months.</p> <p data-bbox="242 544 1437 703">Discussion of Administrative Directive and Reviewed Documents: CTDOC Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21. B. Corrective Action for Contractors, Vendor and Volunteers, requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies.</p> <p data-bbox="242 732 1457 828">The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of Department sexual abuse or sexual harassment Administrative Directive by a contractor or volunteer.</p> <p data-bbox="242 857 1465 987">Contractors and Volunteers, as a part of their PREA training sign the (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers contains a warning that any violation of the Administrative Directive will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that staff understands that in accordance with Connecticut Law.</p> <p data-bbox="242 1016 1485 1211">CTDOC has a zero tolerance for any form of sexual abuse or sexual harassment. Contractors and Volunteers are advised of that Administrative Directive and explained the consequences for violations. Any contractor or volunteer who violates any agency sexual abuse or sexual harassment will be immediately barred from the facility and placed on a ban for entering any CTDOC facility. Pending investigation, the contractor or volunteer will not be allowed entry into this facility or any other CTDOC facility. The local law enforcement will be notified, and a recommendation will be made to refer the contractor or volunteer for prosecution. If the contractor or volunteer is a licensed person, the licensing agency will also be notified.</p> <p data-bbox="242 1240 1477 1301">In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0</p> <p data-bbox="242 1330 1469 1491">Discussion of Interview: Interviews with the Warden; there have been no allegations made against any volunteer or contractor. If there have been the Warden indicated the volunteer or contractor would be prohibited from coming into the facility while the investigation is being conducted. If the investigation determined the allegation was substantiated, local law enforcement would be notified and a recommendation would be made to refer the volunteer for prosecution. Interviews contractors confirmed understanding zero tolerance and potential sanctions for violating CTDOC Administrative Directive.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Administrative Directive and Documents Reviewed: Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16 and 17, Disciplinary Sanctions; and C. Inmate Discipline; Connecticut Correctional Institution PAQ</p> <p>Interviews: Warden, Medical and Mental Health staff</p> <p>Discussion of Administrative Directive and Documents Reviewed: C. Inmate Discipline. Inmates shall be subject to disciplinary sanctions in accordance with Administrative Directive 9.5 Code of Penal Discipline if an investigation finds that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p>The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse, made in good faith based on a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. However, if an investigation concludes that the report of sexual abuse was not made in good faith, an inmate may be subject to discipline in accordance with Administrative Directive 9.5 Code of Penal Discipline.</p> <p>All sexual activity between inmates is prohibited and inmates may be disciplined for engaging in this activity. However, if the activity is not coerced, inmates engaging in the activity will not be found guilty of sexual abuse, although they may be subject to other disciplinary sanctions.</p> <p>Administrative Directive requires that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits. Administrative Directive affirms that an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.</p> <p>Reports made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. However, following an administrative finding of malicious intent on behalf of the offender making the report, then the offender will be subject to disciplinary sanctions pursuant to a formal disciplinary process in accordance with Administrative Directive Inmate Discipline.</p> <p>The CTDOC Disciplinary Process and Administrative Directive follow the standards of the American Correctional Association and inmates are afforded a forma due process hearing in accordance with those standards. This was documented by the Agency's most recent quality assurance audit. Inmates may also have an advocate present if they request it.</p> <p>The facility due process officer uses an Offender Disciplinary Code Sheet documenting that offenses designated as either "great" or " high" severity offenses, that include sexual assault or soliciting sexual activity, may be sanctioned by 1) Isolation one to fourteen days; 2) Referral to Classification Committee for review; 3) Disciplinary transfer; 4) Removal from specified programs; 5) Affect issuance of a warrant for violation of law; 6) Prisons restriction on privileges for up to 90 days; 7) Impound personal property for days; 8) Change in work or quarters assignment; 9) Extra duty for two hours/day up to 90 days and 13 other sanctions. If the allegation of sexual assault is substantiated, the Special Agent may consult with the district attorney and refer the inmate for prosecution. The Code Sheet addresses violations of statutes and asserts that inmates under the jurisdiction of the State Board of Correction are subject to all laws of the United States and of the State of Connecticut and any inmate violating these laws may be charged and tried for that violation in the same manner as any other citizen in the appropriate state or federal court. The filing of charges in a judicial court of record for a violation of state or federal laws does not in any way prevent or preclude the administrative handling of the same act as a prisons disciplinary manner or of the taking of disciplinary action against the inmate.</p> <p>In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 1</p> <p>In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0</p> <p>Discussion of Interviews: During interviews with the Warden, medical and mental health staff the indicated the Administrative</p>

Directive requires that the disciplinary process considers whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending inmate to participate in such interactions as a condition of access to programming or other benefits. Administrative Directive affirms that an offender may be disciplined for sexual contact with a staff member only upon finding that the staff member did not consent to such contact.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1390 365">Administrative Directive and Documents Reviewed: 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention C. Use of Screening Information, 8.5 Mental Health Services, 4.Intake Screening, Form CN 4401/1 Authorization to Obtain and/or Disclose Protected Health Information, Cheshire Correctional Institution PAQ</p> <p data-bbox="240 394 1453 423">Interviews: Counselor (Staff responsible for screening), Mental Health; and HSA, Inmates who reported prior victimization</p> <p data-bbox="240 452 1485 680">Discussion of Reviewed Administrative Directive and Documents: 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention C. Use of Screening Information. If screening indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse the inmate shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening no matter where the sexual victimization or abuse occurred. 8.5 Mental Health Services, 4.Intake Screening, 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.</p> <p data-bbox="240 710 1481 904">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 shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.All mandatory reporting laws for allegations of sexual abuse must be followed.</p> <p data-bbox="240 934 1481 1061">CTDOC Mental Health Services and Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Directives are specific and voluminous regarding health care and mental health. Health Care services are provided through a contract. The CTDOC Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention , Mental Health Services requires that the CTDOC provide prompt and appropriate medical and mental health services.</p> <p data-bbox="240 1090 1481 1187">If an inmate discloses prior victimization during the initial intake victim/aggressor assessment, the offender will be offered a follow-up with either medical or a mental health practitioner. This follow-up is offered and will be completed within 14 days of the intake screening. The inmate may choose to refuse the offer and if so, the refusal will be documented.</p> <p data-bbox="240 1216 1485 1344">If the screening process indicates an inmate has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The interviewed staff stated if an inmate disclosed a previous history of sexual abuse during the initial PREA Assessment, the inmate will be offered a follow-up with mental health.</p> <p data-bbox="240 1373 1469 1532">Care is taken to protect reported information. Information reported by inmates related to prior victimization or abusiveness that occurred in an institutional setting is 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. Inmates sign consent for evaluation and consent for treatment.</p> <p data-bbox="240 1561 1485 1727">Documentation of inmates alleging any form of sexual abuse being seen by medical, referrals are made for follow-up with mental health and interviews with medical and counseling staff confirmed this facility complies with offering and providing follow-up with a medical or mental health professional Mental health staff. Additionally, it is evident that referrals are made to mental health; it appeared that the medical and mental health departments communicate frequently to meet the needs of inmates who alleged previous sexual abuse or sexual abuse while in the facility.</p> <p data-bbox="240 1756 1493 1915">CTDOC Administrative Directive, 6.12, asserts that if an inmate's intake assessment indicated the inmate has experienced any prior victimization or has perpetrated any sexual abuse, whether in an institutional setting or in the community, the inmate will be offered a follow-up meeting within 14 days of the intake screening. This will be documented on the inmate's intake screening instrument. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is required to be strictly limited to necessary staff maintaining strict confidentiality.</p> <p data-bbox="240 1944 1461 2072">During the initial PREA Assessment (Victim/Aggressor) if the inmate endorses the question about having been a previous victim of sexual abuse, the counselor offers the inmate a referral to mental health. The inmate may choose to refuse. If the inmate wants to have a follow-up with mental health, the counselor makes the referral. The offender must give consent on the Form CN 4401/1 Authorization to Obtain and/or Disclose Protected Health Information.</p> <p data-bbox="240 2101 1466 2130">In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-</p>

up meeting with a medical or mental health practitioner: 100%

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: 100%

Discussion of Interviews: Interviews with medical and counseling staff who conducts the victim/aggressor assessments of incoming inmates confirmed that each screening asks inmates about prior victimization and prior abuse. They all are aware that this disclosure must result in a referral to a medical or mental health practitioner within 14 days. Inmates can refuse the referral.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1484 365">Administrative Directive and Documents Reviewed: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, C. Medical Staff Action, Form HR-301, Form PREA Incident Checklist (CN61201), Cheshire Correctional Institution PAQ</p> <p data-bbox="240 398 1406 425">Interviews: Health Services Administrator, Mental Health Staff, Sexual Assault Nurse Examiners (Previous Interview)</p> <p data-bbox="240 459 1484 553">Discussion of Reviewed Administrative Directive and Documents: 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, C. Medical Staff Action: C. Medical Staff Action. The following actions shall be undertaken by facility medical staff in response to a reported incident of sexual abuse:</p> <ol data-bbox="240 564 1484 1350" style="list-style-type: none"> 1. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any facility. (An inmate may refuse such treatment in writing utilizing HR-301; Refusal of Health Services) any such refusal must be documented by the Supervisor completing the PREA Incident Checklist (CN61201). 2. The evaluation and treatment of such victims shall 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. 3. Medical and mental health staff must inform the alleged victim of their duty to report allegations of sexual abuse and limitations of confidentiality regarding that topic at the initiation of services. 4. The facility shall provide such victims with medical and mental health services consistent with the community level of care. 5. Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and timely information about and access to emergency contraception. 6. Inmate victims of sexual abuse while incarcerated shall be offered timely access to information about and access to sexually transmitted infections prophylaxis and tests for sexually transmitted infections all as medically appropriate. 7. Treatment services relative to sexual abuse shall be 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. 8. All facilities shall attempt to conduct a mental health evaluation of all known inmate-on-inmate aggressors within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. 9. If pregnancy results from the conduct described in this directive, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. 10. If the inmate is under 18 or otherwise subject to any mandatory reporting laws, report the incident to the Department of Children and Families or relevant agency. 11. Complete and submit all required documentation. 12. Offer a forensic examination. <p data-bbox="240 1384 1484 1543">Inmate victims of sexual abuse receive timely and 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. This was confirmed through interviews with medical and counseling staff. The facility's medical care program is also accredited through the Medical Association of Connecticut for meeting the MAG Standards which are essentially the National Commission on Correctional Healthcare Standards.</p> <p data-bbox="240 1576 1484 1736">CTDOC Administrative Directive, CTDOC, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. Medical Staff are required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence.</p> <p data-bbox="240 1769 1484 1895">Medical staff is charged with conducting an initial assessment of the inmate to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgment. Medical staff immediately initiates all necessary urgent/emergent treatment for bleeding, wounds and other traumas. Facility clinicians document physical examinations in the progress notes.</p> <p data-bbox="240 1928 1484 2087">When medically indicated, medical staff are required to arrange transfer of the inmate (if no SANE's is available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident the inmate will be transported to local hospital, SANE Nurse shall be immediately notified for the collection of forensic evidence. This will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise, no rape kit will be collected.</p> <p data-bbox="240 2121 1484 2148">If no qualified medical or mental health practitioners are on duty at the time a report of abuse, security staff first responders</p>

take preliminary steps to protect the victim, and immediately notify the appropriate medical and mental health practitioners.

CTDOC Administrative Directive ensures that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This was confirmed through reviewed Administrative Directive and procedures, reviewed monthly PREA reports, Interviews with staff, PREA Compliance Manager, Health Services Administrator, and Warden.

CTDOC Administrative Directive requires that when an inmate makes an allegation of sexual abuse, the inmate will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries. First Aid and emergency treatment will be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the inmate will be counseled regarding need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections.

Interviewed health care staff indicated that if there was a sexual assault, their role would be to assess and stabilize the inmate and if stabilized, preserve the site and evidence.

The SANE and health care staff will be utilized to provide the victim with information about access to emergency prophylactic treatment of sexually transmitted infections. Inmates are not charged for PREA related issues and treatment. If the assault occurred more than 72 hours prior to being reported, the decision as to where the medical evaluation will occur is made on a case-by-case basis.

Sexual Assault Nurse Examiners are provided through a contract. Previous interviews with both Sexual Assault Nurse Examiners confirmed their role in responding to a sexual assault and conducting the forensic exam. Interviews with two SANEs indicated the inmate would be offered testing for HIV and other Sexually Transmitted Infection and offered STI Prophylaxis. The SANE indicated that following the forensic exam, she would recommend the STI Prophylaxis and any other medication required.

Security and non-security staff are trained as first responders and their roles are to separate the alleged victims from alleged perpetrators, try to protect any evidence, suggesting the victim not eat, drink, use the restroom or change clothes, and require the alleged perpetrator not do those things as well that could destroy evidence. Interviewed staff articulated their roles as first responders and non-uniform staff responded with all the elements of first responding just as the uniformed staff did.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Administrative Directive and Documents Reviewed: Administrative Directive and Documents Reviewed: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, C. Medical Staff Action, Cheshire Correctional Institution PAQ</p> <p>Interviews: Mental Health staff, Sexual Assault Nurse Examiners (prior interview)</p> <p>Discussion of Administrative Directive and Documents Reviewed: The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam.</p> <p>Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, C. Medical Staff Action, specifies the actions for first responders, Sexual Assault Response Team, Medical and Counseling. CTDOC Administrative Directive requires that victims of sexual abuse are provided health care services, including the forensic exam at no cost to the victim. This is confirmed through review of the CTDOC PREA Administrative Directive as well as interviews with medical staff. CTDOC Administrative Directive requires that the facility attempt to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of becoming aware of such history and offer treatment as appropriate.</p> <p>Inmates who go to the hospital for a forensic exam, the hospital offers the inmate STI prophylaxis. If the inmate had his forensic exam at the prison, the SANE will recommend the STI prophylaxis and the staff will administer it on the doctor's orders. SANE exams are conducted at the local hospital for Cheshire Correctional Institution.</p> <p>The facility offers medical, and counseling and mental health evaluations and treatment are offered at Connecticut Cheshire Correctional Institution for all inmates victimized by sexual abuse in a prison, jail, lockup or juvenile facility and as appropriate, the facility offers appropriate follow-up services and mental health evaluation, including referrals for continued care following transfer or placement in other facility or their release from custody.</p> <p>The facility provides victims of sexual assault with medical and mental health services consistent with the community level of care.</p> <p>Mental Health assessments are conducted on victims of sexual abuse, and they are either offered services or are continued in care on the caseload, if already on the mental health caseload.</p> <p>Discussion of Interviews: The Health Services Administrator confirmed the process for providing ongoing physical and mental healthcare services. Inmate victims of sexual abuse, identified as potential victims as well as any inmate who becomes a victim, is offered a follow-up with mental health services. All cost for services associated with a sexual assault is provided at no cost to the inmate.</p>

115.86	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 398">Administrative Directive and Documents Reviewed: Administrative Directive and Documents Reviewed: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 22. Review by Facility of Sexual Abuse Incidents., Cheshire Correctional Institution PAQ Interview: PREA Compliance Manager</p> <p data-bbox="242 463 732 492">Interviews: Warden; PREA Compliance Manager</p> <p data-bbox="242 521 1493 947">Discussion of Administrative Directive and Documents: 22. Review by Facility of Sexual Abuse Incidents. Each facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team shall: (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) consider whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or otherwise caused by other group dynamics at the facility; (3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) assess the adequacy of staffing levels in that area during different shifts; (5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) prepare a report of its findings, including but not necessarily limiting the report to the areas laid out herein as well as any recommendations for improvement. The report shall be submitted to the facility's unit administrator and the PREA Director.</p> <p data-bbox="242 978 1374 1008">The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p data-bbox="242 1037 1465 1128">The Connecticut Cheshire Correctional Institution had four (4) allegations of sexual abuse or sexual harassment during the 12 months prior to the audit. This was confirmed through reviewed monthly PREA Reports received from the facility at the CTDOC PREA Unit, and the Pre-Audit Questionnaire.</p> <p data-bbox="242 1160 1465 1288">Interviews with staff indicated staff understands the Incident Review Process and incident reviews are conducted within 30 days of the conclusion of the investigation. The team consists of upper-level management with input from supervisors, investigators, and medical staff. Members include the PREA Compliance Manager, Facility Based Investigator, Counselor, and Sexual Assault Response Team Members.</p> <p data-bbox="242 1319 1453 1447">Part of the review process includes the following: Considers whether the allegations or investigation indicates a need to change Administrative Directive or practice to better prevent, detect, or respond to sexual abuse whether the incident or allegation was motivated by race, ethnicity, gender identity, gay, lesbian, bisexual, transgender or intersex identification status or perceive status, gang affiliation or was motivated or otherwise caused by other group dynamics at the institution.</p> <p data-bbox="242 1478 1461 1538">Examine the area where the incident allegedly occurred to assess any physical barriers in the area that may enable abuse Assess the adequacy of staffing levels in that area during various shifts.</p> <p data-bbox="242 1570 1485 1662">The review team, in compliance with Administrative Directive and confirmed in interviews, then will prepare a report of its findings to the Warden and PREA Compliance Manager who are authorized to implement recommendations for improvement or document the reasons for not doing so.</p> <p data-bbox="242 1693 1469 1753">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 1</p> <p data-bbox="242 1785 1485 1877">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 1 (Incident Review pending)</p> <p data-bbox="242 1908 1485 2000">Discussion of Interviews: The review team, in compliance with Administrative Directive and confirmed in interviews, they will prepare a report of its findings and forward to the Warden and PREA Compliance Manager who are authorized to implement the recommendations for improvement or document the reasons for not doing so.</p>

115.87	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1390 398">Administrative Directive and Documents Reviewed: Administrative Directive and Documents Reviewed: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23. Reporting, Connecticut Department of Correction Website, Cheshire Correctional Institution PAQ Interviews: None</p> <p data-bbox="240 434 1485 524">Discussion of Administrative Directive and Documents: 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 23. Reporting. Documentation and reporting of sexual abuse/ sexual harassment or related behavior shall be as follows:</p> <p data-bbox="240 560 1493 712">A. Internal Reporting. All sexual abuse/ sexual harassment shall be documented on CN 6601, Incident Report in accordance with Administrative Directive 6.6, Reporting of Incidents and included in the monthly STARS report in accordance with Administrative Directive 1.6, Monthly and Annual Reports. Each documented report of sexual abuse/ sexual harassment shall be reviewed by the facility PREA Compliance Manager. Such review shall be documented on CN 61203; PREA Incident Post-Investigation Facility Review. The STARS report shall list all the reports of sexual abuse/ sexual harassment including:</p> <ol data-bbox="240 748 549 837" style="list-style-type: none"> 1. Substantiated Allegations 2. Unsubstantiated Allegations 3. Unfounded Allegations <p data-bbox="240 873 1453 927">This information shall also be compiled for each residential facility with which the Department contracts for the housing of inmates.</p> <p data-bbox="240 940 1401 1030">The information described in this section shall be made readily available to the public at least annually through the Department's website. The sexual abuse data collected shall be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.</p> <p data-bbox="240 1066 1481 1120">B. External Reporting. Annually, sexual abuse/ sexual harassment statistics shall be provided to the United States Department of Justice (Bureau of Justice Statistics). The annual report shall include the statistics in the following categories:</p> <ol data-bbox="240 1155 1461 1447" style="list-style-type: none"> 1. Non-consensual sexual acts that were: (a) reported; (b) substantiated; (c) unsubstantiated; (d) unfounded; (e) on which investigation is ongoing. 2. Abusive sexual contacts that were: (a) reported; (b) substantiated; (c) unsubstantiated; (d) unfounded; (e) on which investigation is ongoing. 3. Staff sexual misconduct that was: (a) reported; (b) substantiated; (c) unsubstantiated; (d) unfounded; (e) on which investigation is ongoing. 4. Staff sexual harassment that was:(a) reported; (b) substantiated; (c) unsubstantiated; (d) unfounded; (e) on which investigation is ongoing. 5 Total number of substantiated incidents. <p data-bbox="240 1482 1493 1572">The annual report shall be forwarded to the U.S. Department of Justice (Bureau of Justice Statistics) via Internet transmission to the following address: http://harvester.census.gov/ssv. Upon request by the Department of Justice, the Department shall also provide all such data for the previous calendar year.</p> <p data-bbox="240 1608 1465 1662">Data, if any, is collected, reviewed annually and maintained from all available incident-based documents, including reports, investigation files and sexual abuse reviews.</p> <p data-bbox="240 1697 1474 1787">The incident-based data collected 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. Upon request all data from previous calendar years will be provided to the Department of Justice.</p> <p data-bbox="240 1823 1453 1944">The aggregated sexual abuse data will be readily available to the public at least annually through the Connecticut Department of Corrections. Before making the data available, the Department will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.</p> <p data-bbox="240 1980 1461 2033">Interviews: Statewide PREA Coordinator (previous interview), Assistant Statewide PREA Coordinator (previous interview), PREA Compliance Manager and Warden</p> <p data-bbox="240 2069 1474 2159">The Connecticut Department of Correction collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-based sexual abuse data at least annually. The incident-based data collected is based on the most recent version of the Survey of</p>

Sexual Violence conducted by the US Department of Justice. The department maintains reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Information is also secured from every facility, including private facilities with whom, CTDOC contracts for the confinement of inmates. Upon request, CTDOC provides data from the previous calendar year to the US Department of Justice no later than June 30th.

CTDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, requires each facility to submit to the Department's PREA Unit, each month. The form is submitted by email the month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition.

The auditor reviewed the most recent Connecticut Department of Correction Annual Report. The Agency issues annual PREA reports and posts them on the CTDOC Website. The auditor reviewed the last Annual report posted to the website dated 2015

CTDOC currently has 13 Prisons and 30 contracted Community Confinement Facilities. A review of the incident based data collected for these facilities in the years 2018, 2019, 2020 and 2021 reflected 189 total PREA allegations of sexual abuse or sexual harassment. There were a total of 15 inmate-on-inmate sexual harassment allegations, 134 inmate-on-inmate sexual abuse allegations, 6 staff sexual harassment allegations and 34 staff misconduct allegations.

The aggregated sexual abuse data will be readily available to the public at least annually through the Connecticut Department of Correction. Before making the data available, the Department will remove all personal identifiers. Some information may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the institution, but it will but, the nature of the material redacted will be indicated.

Discussion of Interviews: Interviews with the PREA Compliance Manager and Warden confirmed the facility provides the required data, if any, to the CTDOC PREA Unit by reporting immediately any allegations or incidents of sexual abuse at the facility as well as monthly in the monthly PREA Report sent to the CTDOC PREA Unit.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Administrative Directive and Documents Reviewed: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23. Reporting, Connecticut Department of Correction Website, Cheshire Correctional Institution PAQ

Interview: PREA Compliance Manager

Discussion of Administrative Directive and Document Review: Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, C.Tracking: The agency PREA Coordinator shall review data collected and aggregated to assess and improve the effectiveness of the Department's sexual abuse prevention, detection, and response, policies, practices and training by: (1) identifying problem areas; (2) recommending corrective action on an ongoing basis; and (3) preparing an annual report of the findings and corrective actions for each facility as well as the Department as a whole. This report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the Commissioner and be made readily available to the public through the Department's website. Prior to being made publicly available, information that would present a safety and security threat if made public can be redacted from the report with an explanation as to the nature of the redacted information.

The agency and facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response Administrative Directive, practices, and training, including identifying problem areas and taking corrective action as necessary on an ongoing basis.

The CTDOC requires each facility to maintain PREA related data and to report to the CTDOC PREA Unit, monthly the number of allegations of sexual abuse and sexual harassment, including inmate on inmate and staff, contractor, volunteer on inmate. The auditor reviewed the Facility PREA Reports for a 12 month period prior to the on-site audit. The agency collects the data for each facility and aggregates it at least annually and provides comparisons from previous years as well as actions the Department has taken as a result of analysis of the data. The annual reports are comprehensive and informative.

The Connecticut Department of Correction requires each facility conduct incident reviews after each sexual abuse allegation investigation if the allegations are founded or unsubstantiated. The purpose of this is to determine what the motivation for the incident was and to assess whether there is a need for corrective actions including additional staff training, staffing changes or requests for additional video monitoring technology or other actions to help prevent similar incidents in the future.

The agency and facility reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response Administrative Directive, practices, and training, including identifying problem areas and taking corrective action as necessary on an ongoing basis.

The CDOC requires each facility to maintain PREA related data and to report to the CTDOC PREA Unit, monthly the number of allegations of sexual abuse and sexual harassment, including inmate on inmate and staff, contractor, volunteer on inmate. The agency collects the data for each facility and aggregates it at least annually and provides comparisons from previous years as well as actions the Department has taken as a result of analysis of the data. The annual reports are comprehensive and informative and posted on the agency website for public review. The agency indicates 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

Discussion of Interview: The agency collects data from each facility and reviews the aggregated data collected to assess and improve the effectiveness of its sexual abuse prevention, detection and response Administrative Directive, practices and training, including identifying problem areas; taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the CTDOC.

The facility has identified corrective actions during 2021, documented as on their website. "Through working our strategic plan in 2021, we were able to identify problem areas or areas lacking compliance from previous years and bring those areas of non-compliance, into compliance. Some examples of the corrective action and progress made in addressing sexual abuse are the PREA training for all staff, contractors and volunteers. We have made revisions to multiple policies to better guide our staff and offenders regarding incidents of sexual abuse. We have established a PREA Compliance Managers at each facility. We established and implemented both an Internal and External PREA Hotlines to ensure multiple ways to report incidents of sexual abuse and sexual harassment. The CTDOC has entered into a Memorandum of Understanding with the Connecticut Victims Alliance to provide offenders with necessary victim advocate support and the Connecticut State Police who can be contacted by inmates to report an allegation. We have trained PREA investigators within the PREA Unit to conduct PREA investigations throughout the Department. We also have improved areas that allowed more privacy such as adding partial doors and less transparent windows where they were needed".

115.89	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Administrative Directive and Documents Reviewed: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23. Reporting, C. Tracking, Connecticut Department of Correction Website, Cheshire Correctional Institution PAQ</p> <p>Interview: Statewide PREA Director (previous interview)</p> <p>Discussion of Administrative Directive and Documents: Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23. Reporting, C. Tracking. The Department's PREA Investigation Unit shall track all allegations of sexual abuse/ sexual harassment to include investigation results and any actions taken by the Department, Connecticut State Police and/or the courts. The agency PREA Coordinator shall review data collected and aggregated to assess and improve the effectiveness of the Department's sexual abuse prevention, detection, and response, policies, practices and training by: (1) identifying problem areas; (2) recommending corrective action on an ongoing basis; and (3) preparing an annual report of the findings and corrective actions for each facility as well as the Department as a whole. This report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the Commissioner and be made readily available to the public through the Department's website. Prior to being made publicly available, information that would present a safety and security threat if made public can be redacted from the report with an explanation as to the nature of the redacted information. The information described in this section shall be made readily available to the public at least annually through the Department's website. The sexual abuse data collected shall be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.</p> <p>Criminal investigation data, files and related documentation is required to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years or 10 years from the date of the initial report, whichever is greater. Administrative investigation data files and related documentation is to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or 10 years from the date of the initial report, whichever is greater.</p> <p>Discussion of Interview: The Agency PREA Director related that data collected will be securely retained. All sexual abuse data will be available to the public on the prison's website and in annual reports. All personal identifiers will be removed as it pertains to confidentiality. All data collected will be maintained no less than 10 years from the initial date of collection.</p>
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115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1430 331">Administrative Directive and Documents Reviewed: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 24. Audits</p> <p data-bbox="242 362 1485 622">Discussion of Administrative Directive and Documents: 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 24. Audits: 24. AUDITS During the three-year period starting in 2013 and continuing for each three year period thereafter, the Department shall ensure that each facility it operates and each community confinement center with which it contracts for the housing of inmates in the community is audited at least once. Each year the Department shall ensure the audit of at least a third of its jails, prisons and community confinement centers. Auditors must be appropriately qualified and certified. The Department shall not use the services of an auditor who has received compensation from the Department in the past three years (except for payment for PREA audits) and the Department shall not employ, contract with, or otherwise financially compensate the auditor for three years following the audit (except for subsequent PREA audits).</p> <p data-bbox="242 654 1485 813">The auditor shall be given access to all areas of the audited facilities and shall be permitted to receive copies of any relevant documents, tapes and other electronically available data that is relevant to the audit. The auditor shall be permitted to conduct private interviews with inmates, residents and staff, supervisors and administrators. Inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p data-bbox="242 822 1453 913">If an audit makes a "Does Not Meet Standard" finding on one or more standard, the Department shall work jointly with the auditor to develop a corrective action plan to achieve compliance. The Department shall cooperate with the auditor's attempts to verify implementation of the corrective action plan.</p> <p data-bbox="242 945 1469 1072">The Connecticut Department of Correction ensures that 1/3 of their prisons are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all prisons have been audited. The Connecticut Cheshire Correctional Institution and Special Management Unit were previously audited for compliance with all PREA Standards October 17, 2019, with one hundred percent compliance.</p> <p data-bbox="242 1104 1481 1296">The Connecticut Department of Correction also contracts with county and private facilities. Administrative Directive requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years.</p> <p data-bbox="242 1328 1481 1487">The facility posted the Notices of PREA Audit in areas of the facility accessible to inmates, staff, contractors, volunteers and visitors six weeks prior to the on-site audit. These were observed in living units and other areas accessible to staff, inmates, contractors, volunteers and visitors. Forty-five (45) days prior to the onsite audit the auditor and PREA Compliance Manager communicated via email to discuss the audit process. Communications with the PREA Compliance Manager were often and productive.</p> <p data-bbox="242 1518 1477 1711">The information contained on the uploaded PAQ contained the CTDOC Administrative Directive applicable to the standards as well as documentation to help the auditor understand the mission of the facility, the layout of the facility, and facility operations, including the staffing required for the population of minimum, medium, and closed male inmate security levels. The auditor provided the facility and extensive list of documents that the auditor would be asking for on-site. The facility was always responsive and helpful and complied with any request. During the on-site audit the facility was requested to provide documentation and the documentation was readily available.</p> <p data-bbox="242 1742 1490 1870">The on-site audit of the Connecticut Cheshire Correctional Institution was conducted by one Auditor, certified in both Juvenile and Adult Standards. During the on-site audit, the auditor was provided complete and unfettered access to all areas of the facility and to all the inmates. The auditor was able to move freely about the facility any time needed. Adequate space was provided for auditor and assistants to conducted interviews in complete privacy with staff and inmates.</p> <p data-bbox="242 1901 1465 1993">The Notice of PREA Audit was observed posted throughout the facility and in the living units. The notice contained contact information for the auditor should inmates, staff, contractors, volunteers, or outside interested parties could privately correspond with the auditor.</p> <p data-bbox="242 2024 1465 2085">During the om-site review of the facility the auditor informally talked with inmates and staff. Prior to the onsite portion of the audit the auditor received one correspondence from an inmate.</p> <p data-bbox="242 2116 1445 2145">The auditor reviewed inmate files, made observations throughout the on-site audit, thoroughly reviewed large samples of</p>

documentation, tested processes including checking victim/aggressor assessment time periods, testing phones, and kiosks, interviewed staff, contractors and inmates. Multiple personnel files were reviewed to assess the hiring process and background checks, and investigations were reviewed for accuracy. The auditor reviewed staff, inmates, and contractors PREA acknowledgement statements, training records, NIC certificates, SANE Logs, evaluation logs, staffing plans, shift rosters, and post assignments. The facility also provided the auditor upon arrival, an Inmate Roster Housing Assignment, and using this report, the auditor was able to identify targeted and random inmates for interview.

The auditor and the PREA Compliance Manager continued to work together following the on-site phase of the audit, when additional information was needed; all information requested was provided in a timely manner.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Warden and the PREA Compliance Manager ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website and easily accessible to the public.</p> <p>Interviewed administrators indicated the PREA Report as well as annual reports is posted for public viewing and reviewing and the PREA Report, like the last PREA Report, will be posted within 90 days of issuing the final report to the facility.</p> <p>The auditor reviewed the Agency's website and reviewed the previous PREA reports as well as annual reports that were posted on the website. The auditor downloaded the last PREA audit for Connecticut Cheshire Correctional Institution dated October 7, 2019 from the agency's website all Connecticut facilities audits can be accessed on the Connecticut Department of Correction website at https://portal.ct.gov/DOC.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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

115.13 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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

115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	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.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	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

115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.34 (c)	Specialized training: Investigations	
	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

115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.35 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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
115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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

115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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
115.43 (a)	Protective Custody	
	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
	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

115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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

115.53 (a)	Inmate access to outside confidential support services	
	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
	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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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

115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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?	no
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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

115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	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

115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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, there has never been a Final Audit Report issued.)	yes