

PREA Facility Audit Report: Final

Name of Facility: Corrigan-Radgowski Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/23/2024

Auditor Certification

The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 02/23/2024

AUDITOR INFORMATION

Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	02/07/2024
End Date of On-Site Audit:	02/08/2024

FACILITY INFORMATION

Facility name:	Corrigan-Radgowski Correctional Center
Facility physical address:	986 Norwich-New London Turnpike, Uncasville, Connecticut - 06382
Facility mailing address:	

Primary Contact

Name:	Timothy Bellemare
Email Address:	timothy.bellemare@ct.gov
Telephone Number:	860-848-5706

Warden/Jail Administrator/Sheriff/Director

Name:	Daniel Dougherty
Email Address:	daniel.dougherty@ct.gov
Telephone Number:	860-848-5720

Facility PREA Compliance Manager

Name:	Timothy Bellemare
Email Address:	Timothy.Bellemare@ct.gov
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Jennifer Sanchez
Email Address:	jennifer.sanchez@ct.gov
Telephone Number:	860-848-5839

Facility Characteristics

Designed facility capacity:	841
Current population of facility:	658
Average daily population for the past 12 months:	631
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= 12, Level 2= 46, Level 3= 121, Level 4= 424
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	388
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:	59

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
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Facility AUDIT FINDINGS

Summary of Audit Findings

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.

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.

Number of standards exceeded:

3

- 115.31 - Employee training
- 115.33 - Inmate education
- 115.65 - Coordinated response

Number of standards met:

42

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:	2024-02-07
2. End date of the onsite portion of the audit:	2024-02-08

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 was contacted January 6, 2024. JDI stated they had not had any contact with anyone from the facility in the past twelve months. The CDOC has an agreement with Connecticut Alliance to End Sexual Violence. The member agency in the area of the facility is Sexual Assault Crisis Center of Eastern CT. This member agency was contacted January 6, 2024. The member agency responded and confirmed they were the community agency for the facility, providing victim advocates, resources, a hotline number, counseling, etc. The member agency also confirmed forensic examinations are conducted at Backus Hospital.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	841
15. Average daily population for the past 12 months:	631
16. Number of inmate/resident/detainee housing units:	12

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>639</p>
<p>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:</p>	<p>28</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>2</p>

<p>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:</p>	2
<p>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:</p>	2
<p>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:</p>	2
<p>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:</p>	0
<p>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:</p>	1
<p>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:</p>	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):

The Auditor interviewed eighteen targeted inmates. One was hearing impaired; Two were vision impaired; One was limited English proficient (LEP); Seven were physically disabled; Three were cognitively disabled; One disclosed prior victimization; One was Gay and Two were transgender.

Hearing Impaired (1)

The hearing-impaired inmate agreed he was able to function without assistance from staff. He has a hearing aid.

Vision Impaired (2)

The visually impaired inmates agreed they did not believe their impairment placed them at risk. They both had new prescription glasses.

Limited English Proficient (1)

The LEP inmate stated he received all PREA information and facility rules in English and Spanish. He further indicated language was not a barrier in programming or work assignments.

Physically Disabled (7)

Six of the seven physically disabled inmates reported they felt safe and did not feel at a disadvantage due to their physical disability. The one inmate that felt vulnerable is a lower limb amputee that has a staph infection in his stump due to an ill-fitting prosthetic.

Cognitively Disabled (3)

The inmates with cognitive disabilities indicated they had a clear understanding of the PREA guidelines and were able to explain his rights and articulate multiple methods by which he could report an issue if necessary.

Reported Abuse (0)

The three inmates who reported abuse in the past twelve months are no longer assigned to the facility.

Disclosed Prior Victimization (1)

The inmate who disclosed victimization reported being referred to mental health within the first week of their disclosure.

LGBTI (1)

The gay inmate reported being treated fairly and not being housed in a dedicated LGBTI unit. He reported staff being fair in housing assignments, programming, and educational

	<p>placements. He reported he did not have any problems or concerns with the staff.</p> <p>Transgender (2)</p> <p>The transgender inmates reported the staff give weight to their opinions and thoughts. They reported being satisfied with the showering arrangements. They reported they had not been searched to determine their genital status. They reported they have not been assigned to a dedicated transgender/intersex unit. The reported staff being fair in housing assignments, programming, and educational placements.</p>
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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:	388
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:	59
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:	<p>The facility reports 59 volunteers approved to enter the facility and have contact with inmates. These volunteers are provided specific PREA training as it relates to volunteers, in addition to the CDOC specific PREA training.</p> <p>The facility reports 0 contractors approved to enter the facility and have contact with inmates.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
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 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 institutional count the first day of the on-site audit was 639. According to the PREA Auditor Handbook this requires a minimum of 30 inmates (15 random and 15 targeted) to be interviewed. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates from varying housing units to interview, ensuring diversity in age and race.
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):

The institutional count the first day of the on-site audit was 639. According to the Auditor Handbook with a population of 639, the auditor shall interview a minimum of 15 random inmates and 15 targeted inmates. Fifteen random inmates were interviewed. These were inmates that were not part of the targeted inmate interviews. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates to interview, ensuring diversity in age, race, and length of sentence.

During the on-site tour, the Auditor had conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.

At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked if the inmate wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions.

On random inmate declined to be interviewed. All other random inmates willingly participated in the interview process. All responses were recorded by hand.

During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation.

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	17
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".	
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:	7
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:	3
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:	2
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:	1

<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>	1
<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>	1
<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>	2
<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>	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>A review of the PREA investigations cross checked against a current inmate roster confirmed no current inmates of the facility had reported sexual abuse within the previous twelve months.</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>1</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>The facility does not place inmates at risk of sexual victimization in segregation. During the interview process, staff reported that the facility does not place inmates at risk of sexual victimization in segregation.</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 Auditor requested and received a roster of inmates who fell into the targeted categories. The Auditor randomly chose inmates from each category to interview, ensuring diversity in age and race. Once selected each inmate was put on "call- out" with a time to report to the private space designated for interviews.</p> <p>The Auditor interviewed eighteen targeted inmates. One was hearing impaired; Two were vision impaired; One was limited English proficient (LEP); Seven were physically disabled; Three were cognitively disabled; One disclosed prior victimization; One was Gay and Two were transgender.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <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 <input type="radio"/> No</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):

During the on-site tour, the Auditor had informal, conversational encounters with staff regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process. A total of fifteen formal random staff interviews were conducted. As a result of the audit notice posting the Auditor did not receive any correspondence from staff. At the beginning of each interview the Auditor made clear to the staff why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the staff's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the staff member if he/she wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions. All random staff willingly participated in the interview process. All responses were typed directly onto the protocol form. During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random staff responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could accept verbal reports, they knew they had a right to be free from retaliation, and they felt the leadership took PREA issues very seriously. Regarding personal safety, the staff member interviewed stated they felt safe from sexual harassment and sexual abuse.

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):

20

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)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification staff
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No

83. Provide any additional comments regarding selecting or interviewing specialized staff.

There were no problems in selecting specialized staff. Specialized staff were selected from the staff roster, who were available during the on-site audit who were also not a staff member interviewed as a random staff member.

Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers were based on the line of questioning on the specific interview protocols for their position and responsibilities.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: "confidential" letters can be mailed out of the facility, contacting the PREA unit, PREA hotline at #9333*, contact Connecticut State Police at #9222*, written notes given to trusted staff, verbal reports, or through third party reporting.

Additionally, any inmate or staff member may write a note, letter or any other type of correspondence and place it in any locked correspondence box located throughout the facility. When PREA correspondence is found inside the grievance box, the mailbox, the box for legal mail, etc. it is immediately directed to the PCM and is documented and addressed according to PREA Standards.

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.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

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).

Corrigan Correctional Center is a high security facility with Level 3 & 4 inmates. The facility capacity is 841 inmates. The facility houses male inmates. It is located at 986 Norwich-New London Turnpike, Uncasville, CT 06382. Buildings A, B, C, D, E, F, G, H, are housing units. Each housing unit has two sides. Each side has two tiers of two-man cells and two single handicap cells. There is a toilet and a sink in each cell. There are three single stall showers, with shower curtains, located in the center of each tier, for a total of six showers. Each side has a day room with a television, telephones, tables, and seating. Telephones are located on columns that have PREA information and hotline numbers stenciled on them. Each phone evaluated by the auditor was found to be in working order. Each side has a KIOSK which allows the inmates to send emails to the PREA Unit and to email family and friends on the approved visitors list. Additionally, inmates have tablets that have PREA information uploaded on them. The tablets also allow them to submit PREA allegations to the PREA Unit and to contact family on the approved visitors list. Building P is a smaller housing unit. It is comprised of two-man cells. There is a toilet and a sink in each cell. There are two single stall showers, with shower curtains, for the inmates to use. It has a day room with a television, telephones, tables, and seating. Telephones are located on the wall and have PREA information and hotline numbers stenciled on the wall near them. Each phone evaluated by the auditor was found to be in working order. Each inmate has a tablet which allows the inmate to submit PREA allegations to the PREA Unit and to contact family on the approved visitors list. The Restrictive Housing unit consists of one person cells. There is a toilet and a sink in each cell. There are two single stall showers, with shower curtains, for the inmates to use. It has a day room with a television, telephones, tables, and seating. Telephones are located on the wall and have PREA

information and hotline numbers stenciled on the wall near them. Each phone evaluated by the auditor was found to be in working order. Each inmate has a tablet which allows the inmate to submit PREA allegations to the PREA Unit and to contact family on the approved visitors list. The recreation area is off the side of the unit. It is divided into two sections; therefore, two inmates can be in the restrictive housing recreation yard at one time.

The facility has an inmate food service area with kitchen, dining room, staff dining room, steward office, inmate restroom, staff restroom, dish room, freezer, refrigeration, cooking area, and serving line. The facility also has a medical services unit, mental health services unit and administrative offices. Other areas of the facility which were toured were the chapel, laundry, classrooms and programming areas, shift office, visitation, commissary, strip search area, recreational areas, gym, back gate, receiving and discharge and housing units. All inmate bathrooms outside of housing units had a sink and toilet and were secured with a solid lockable door for privacy when in use.

During the facility tour, the Auditor observed appropriate PREA signage, including the Pre-Audit Notice. PREA information was posted prominently. The PREA hotline #9222* was stenciled on the walls by the inmate telephones.

Additionally, during the facility tour the Auditor looked for appropriate facility lay-out, bathroom privacy, blind spots, placement of cameras, security mirrors, custodial staff to inmate ratio in housing units and on work assignments.

The facility has substantial camera coverage which was made more robust by security mirrors enhancing inmate supervision.

The Auditor was given unimpeded and complete access to all areas of the facility.

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.).

Personnel and Training Files:

The PAQ represents 388 facility staff. There was a total of fifty record reviews conducted on staff from various categories. The records were selected by randomly choosing names from the master staff roster. There were 388 training attendance and signatures reviewed. All records contained the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable. Copies of the staff records were reviewed off-site after leaving the institution. The copies were returned to facility staff the following day.

Inmate Records:

The first day of the audit there were 639 inmates, there were fifty inmate records reviewed, chosen randomly from the master roster. All records had a signed acknowledgment sheet, had received PREA information and viewed the PREA video. All inmates had received PREA information during intake, had their PREA screening within 72 hours of admission, and had comprehensive PREA education within 30-days of intake. Finally, they were reassessed within thirty days of their initial 72-hour assessment. The transgender inmates reported being re-assessed twice a year as required by PREA standards. Copies of the inmate records were reviewed off-site after leaving the institution. The copies were returned to facility staff the following day.

Sexual Abuse and Sexual Harassment

Allegations:

According to the PAQ, the facility reported four allegations of sexual abuse and one sexual harassment allegation in the past twelve months. All PREA investigative files were reviewed.

The Auditor was provided the PREA files for every allegation.

The files were reviewed using the PREA audit investigative records review tool to record the

following information relative to each investigative report:

- Case# / ID
- Date of Allegation
- Date of Investigation
- Staff-or-Inmate-on-Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified?
- Investigating Officers
- Notice Given to Inmate

Investigation Files:

At the time of the audit, information received regarding the allegations of sexual abuse and sexual harassment during the prior twelve months revealed a total of five allegations reported.

At the time of the audit, information received regarding the allegations of sexual abuse during the past twelve months revealed a total of four sexual abuse allegations reported.

Three of the sexual abuse allegations were inmate-on-inmate. All three allegations were investigated administratively. After administrative investigation, two were deemed unsubstantiated and one was deemed substantiated. All inmates were notified of the investigation outcomes in writing and the cases were closed on an administrative level. All three of these allegations were referred for review and criminal investigation. After review, all three cases were opened and referred for prosecution. At the time of the on-site audit all three cases were pending prosecution. The remaining one was a staff-on-inmate sexual abuse allegation. This allegation was investigated administratively. After administrative investigation, this allegation was deemed unfounded. This allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation. At the time of the audit, information received regarding the allegations of sexual

harassment during the past twelve months revealed a total of one sexual harassment allegation reported. It was a staff-on-inmate allegation. After administrative investigation, this allegation was deemed unfounded. This allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

The Auditor reviewed four files of sexual abuse allegations and one file of sexual harassment allegations. In all sexual abuse cases the alleged victim was offered medical and mental health services. Due to time frames of reporting, zero were referred for a SANE examination. All sexual abuse cases had a sexual abuse incident team review within 30-days of the completion of the investigation. Sexual harassment cases do not require a sexual abuse incident team review. All inmates were notified in writing of the results of the investigations in a timely manner. The investigation files were reviewed on-site.

The institution staff I encountered were intelligent and professional. their general attitudes displayed a culture that is committed to sexual safety.

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	3	3	3	3
Staff-on-inmate sexual abuse	1	1	1	1
Total	4	4	4	4

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	1	0	1	0
Total	1	0	1	0

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	3	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	3	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	1
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	2	1

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

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	1	0	0
Total	0	1	0	0

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:

4

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <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 <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

Staff-on-inmate sexual abuse investigation files

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <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 <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</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 <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>

Inmate-on-inmate sexual harassment investigation files

<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 checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The Auditor reviewed every PREA allegation file for the previous 12 months. There were three sexual abuse allegations in the past 12 months. There were two sexual harassment allegations in the past 12 months.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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.

Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency
 My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
 A third-party auditing entity (e.g., accreditation body, consulting firm)
 Other

Identify the name of the third-party auditing entity

Diversified Correctional Services

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard
(requires corrective 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• CDOC, Family and Friends Handbook, dated June 26, 2013• Employee PREA Training Curriculum and Sign-in sheets• CDOC, Inmate Handbook• CDOC Organizational Chart• Institutional Organizational Chart <p>Interviews with the following:</p> <ul style="list-style-type: none">• PREA Coordinator (PC)/PREA Director (PD)

- PREA Compliance Manager (PCM)

Through the interview process, PREA Coordinator/PREA Unit Director confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all agency facilities.

During the interview process, the PCM indicated there was sufficient time to complete the required PREA responsibilities.

During the interview process, the agency PD, and the facility PCM, confirmed the PCM has no other responsibilities other than to ensure the institution's compliance with the PREA standards and has the authority to make any changes needed to address PREA issues.

Provision (a)

The Pre-Audit Questionnaire (PAQ) indicates the facility has zero-tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19, outlines the Connecticut Department of Corrections (CDOC) approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Provision (b)

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 1, 3, A, states a person appointed by the Commissioner of Corrections or his/her designee shall serve as the agency PREA Coordinator for the Connecticut Department of Correction. The PREA Coordinator/PREA Unit Director reports to the Commissioner of Corrections.

The positions and hierarchy within the Connecticut Department of Corrections (CDOC) for PREA personnel were confirmed through a review of the agency organizational chart. The positions and hierarchy within the facility for PREA personnel was confirmed through a review of the facility PREA organization chart.

CDOC has employed an agency wide PREA Coordinator/PREA Unit Director. By examination of the agency's organizational chart, the Auditor determined that the position of PREA Coordinator/PREA Unit Director position is in the upper level of the agency hierarchy. As stated previously, through the interview process, the PC confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

The PREA Coordinator/PREA Unit Director is classified at the Executive Level as

confirmed through a review of CDOC organizational chart. According to the organization chart, the PC reports directly to the reports to the Commissioner of Corrections.

The PD is a full-time position dedicated solely to PREA compliance. The PD has sufficient time to manage PREA related responsibilities. Each institution within the agency has one PREA Compliance Manager (PCM). The PCM reports directly to the Deputy Warden of the facility.

Provision (c)

According to Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention, dated July 20, 2005, the agency PREA coordinator is under the security division of the CDOC. Each institution assigns their own PREA Compliance manager at the direction of the warden.

According to Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention, dated July 20, 2005, the PCM reports directly to the Deputy Warden of the facility. This was confirmed by a review of the institutional organizational chart. As stated previously, the PD and the PCM, both confirmed the PCM has the responsibility to ensure the institution's compliance with PREA standards and has the authority to address all PREA issues.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets the standard which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator.

115.12 Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Information Reviewed

- Pre-Audit Questionnaire and supporting documentation.
- Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015

Interviews with the following:

- Agency Contract Administrator

The interview notes of the Agency Contract Administrator indicate contracts include

verbiage related to the vendors obligation to comply with PREA standards prior to entering into agreement with the agency. If the entity is not PREA compliant the contract will not be executed.

Provision (a)

Pre-Audit Questionnaire (PAQ) revealed the Connecticut Department of Corrections (CDOC) requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. The facility does not individually contract for the confinement of inmates.

According to the PAQ there are fourteen 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. Each of these contracts require the contractors to adopt and comply with PREA standards.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 4, Community Confinement, effective July 20, 2015, addresses Standard 115.12. It indicates any new contract or renewal with entities for the confinement of offenders shall adopt and comply with CDOC policies and procedures (which include PREA).

The PREA compliance results for the contracts for confinement of inmates with other entities are managed by the contract manager in accordance with the verbiage of the contract that is in place with each entity.

Provision (b)

According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed to ensure appropriate adherence to the national standards. Each entity is contractually required to notify the CDOC of any PREA allegation; as well as forward a copy of the allegation, investigation, and findings to the agency PREA Coordinator/PREA Director for review.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses contracting with other entities for the confinement of inmates.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Information Reviewed

- Pre-Audit Questionnaire and supporting documentation.
- Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
- Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, p. 3, Section 4 - Staffing Plan
- Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, p 10, Section 13, Staff Monitoring and Intervention (Sexual Abuse)
- Connecticut Department of Correction, Administrative Directive 2.15. Hazardous Duty Staff Deployment, Section 5 – Staffing Plan
- Connecticut Department of Correction, Administrative Directive 6.1, Tours, and Inspections Section 4, “General Principles” and Section 5, “Tours, Inspections and Visits”
- Institution Post Plans
- Officer Unannounced Rounds samples from logbook

Interviews with the following:

- Warden
- PREA Compliance Manager (PCM)
- Intermediate-or-Higher Level Facility Staff
- Random Staff

Through the interview process the Warden and the PCM indicated they conduct random reviews of the staffing levels. Further they examine how staffing levels affect the inmate programming, various classification amounts, as well as any changes or modifications to the video monitoring. They also review other concerns which include physical plant configuration, internal or external oversight bodies, inmate population composition, placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Warden stated during staff meetings, staffing plan compliance and any deviations from the staffing plan is frequently discussed.

Through the interview process intermediate or higher-level staff stated intermediate and higher-level staff make unannounced rounds routinely and document them in the unit logbook. During random informal conversations with staff, the staff stated the supervisors conduct unannounced rounds and document them in the logbook. This was validated by the Auditor through a review of the several logbooks.

Through the interview process, it was indicated supervisors tour their units and areas regularly throughout each shift, converse with staff of all levels as well as inmates, and audit, review and sign logbooks or irregularities. During the time the Auditor was on-site; supervisors were observed walking and working in various capacities

throughout the facility.

During the interview process, random staff verbalized the prohibition of staff alerting each other when a supervisor is making their rounds.

Through the interview process and informal conversations the PCM and other executive staff indicated routine reviews of the staffing levels, how they affect the inmate programming, various classification counts, as well as any changes or modification to the video monitoring system are consistently conducted.

Through the interview process and informal conversations with intermediate or higher-level staff. These interviews and discussions affirmed staff are making unannounced rounds to all areas of the facility, with no warning to staff.

Provision (a)

The PAQ indicates the facility has a staffing plan, and the plan addresses each of the thirteen items listed in Provision (a). In addition, the facility Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified. The PAQ confirms the average daily number of inmates during the past 12 months has been 634.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, p. 3, Section 4 - Staffing Plan indicates 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. Reviews of other concerns, such as the physical plant configuration, internal or external oversight bodies, inmate population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted.

The PREA Coordinator/PREA Director is responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a "Survey of Sexual Victimization-Incident Form," SSV-IA and "Survey of Sexual Victimization-State Prison Systems Summary Form," SSV-2.

The data is utilized to improve the effectiveness of the Department's efforts toward sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year's data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action

plan for her/his institution.

The Auditor reviewed copies of the most recent annual PREA staffing report. The report was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan is predicated upon a daily facility inmate population of 634.

Provision (b)

The facility has established a minimum staffing requirement. In the event a mandatory post is vacant, the post is filled with overtime staff or staff redirected according to the level of the post.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, p. 10, Section 13, Staff Monitoring and Intervention (Sexual Abuse), states 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.

Further in circumstances where the staff plan is not complied with, the unit shall document and justify all deviations from the plan.

The Shift Supervisor as well as the PCM indicated that deviations could occur for the following reasons:

1. Facility Trips
2. Unscheduled absence
3. Workers Compensation
4. FMLA
5. Vacation
6. Severe Weather

Provision (c)

Policy requires the staffing plan review be completed in consultation with the PC and other executive staff at least annually. The Auditor was provided with a copy of the most recent Annual Staffing Plan Review. This review discussed the staffing plan, video monitoring and the resources needed to adhere to the staffing pattern.

Policy requires an internal audit of the staffing plan to be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels exist where inmates may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of

video monitoring equipment, is addressed on an annual basis.

The annual review of the staffing plan includes facility and department management level staff, such as the PC/PD and other institutional Executive Staff.

The Auditor reviewed shift rosters for respective shifts and was able to verify that an assigned staff member covered every mandatory post.

The facility has camera coverage and supplemental convex security mirrors coverage throughout the facility. The camera system has been well thought out, and strategically designed to cover the maximum amount of area possible. Trained staff monitor camera and video surveillance 24 hours a day. These cameras enhance the level of safety and security for staff and inmates.

Provision (d)

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, p. 10, Section 13, Staff Monitoring and Intervention (Sexual Abuse), indicates security supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds shall be conducted during all shifts in accordance with applicable post orders.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, p. 10, Section 13, Staff Monitoring and Intervention (Sexual Abuse), expressly prohibits staff from alerting other staff members that supervisor rounds are occurring. Further it states that any staff member who does alert other staff of the unannounced rounds will be disciplined in accordance with PD-22, General Rules of Conduct and Disciplinary Action Guidelines for Employees.

Policy dictates all unannounced rounds are documented in the unit logbook. The logs reflected unannounced rounds are being conducted per the standard. This was confirmed through staff interviews and the review of several unit logbooks.

During the days, the Auditor was on site; numerous supervisors were observed walking and working in various capacities throughout the facility. When interviewing inmates, it was confirmed that the PCM, and other supervisory staff routinely walk around and through the institution and are visible and available to all inmates.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding Supervision and Monitoring, ensuring that the safety of staff and inmates is a priority.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion	
115.14 - Meets	
Information Reviewed	
<ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 	
Observations during on-site review	
During the on-site tour, the Auditor did not observe a youthful inmate.	
Interviews with the following:	
<ul style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) 	
Through the interview process, the Warden and PREA Compliance Manager confirmed the facility does not house youthful inmates.	
Provision (a)	
On the PAQ, the facility reported they do not house youthful inmates.	
When reviewing the inmate roster there were no inmates with birthdates after 2006.	
Provision (b)	
N/A	
Provision (c)	
N/A	
Conclusion:	
Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding youthful inmates.	

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information Reviewed:

- Pre-Audit Questionnaire and supporting documentation.
- Connecticut Department of Correction Policy (CDOC) Administrative Directive (AD) 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015,
- CDOC Policy, AD 6.7: Title - Searches Conducted In Correctional Facilities
- CDOC Post Orders, AD 6.2.01: General Post Orders
- CDOC Policy, AD 9.7 – Offender Management
- CDOC Policy, AD 6.6 – Reporting of Incidents
- CDOC Policy, AD 10.2 – Inmate Education
- Facility CI Post Orders
- Facility CI Administrative Directive
- Facility 2023 In Person Annual Training

Observations made during on-site review.

During the facility tour, when opposite-gender staff were observed entering a housing unit, an announcement was made. The Auditor was also announced by facility staff when entering inmate housing and restroom areas as she is opposite gender.

Interviews with the following:

- Random Staff
- Random Inmates
- Transgender/Intersex Inmates

During the interview process random staff reported:

- Completing training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs
- Cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.
- There were sufficient male staff members available to conduct any searches that needed to occur, and that male staff would be diverted to address this issue if needed.
- All cross-gender strip searches and cross-gender visual body cavity searches will be documented.
- The facility only houses male inmates.
- Female officers do not conduct strip searches or visual body cavity searches.

Through the interview process random inmates confirmed they had never been part of a cross-gender search.

The transgender/intersex inmates interviewed reported:

- they were provided an opportunity to shower privately.

- they had never been searched for the sole purpose of determining genital status.

Provision (a)

According to the PAQ, in the past 12 months, there have been zero cross-gender strip or cross-gender visual body cavity searches of an inmate.

Connecticut Department of Correction (CDOC), Administrative Directive (AD) 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates a staff member of the same sex as the inmate shall make the search, except where circumstances are such that delay would constitute an immediate threat to the inmate, staff, others, or institution security. Cross-gender searches of inmates are only allowed in exigent circumstances and then only by medical practitioners.

CDOC Policy 6.7: Title - Searches Conducted In Correctional Facilities, asserts the facility shall not conduct cross-gender strip searches or visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by a medical practitioner. The facility shall document all exigent circumstance cross-gender strip or visual body cavity searches. Each of the reviewed policies are consistent with the PREA standard and outlines the agency's approach to sexual abuse prevention and protection.

Provision (b)

The facility is an all-male facility. Consequently, there have been zero pat down searches of female inmates by male staff in the past twelve months.

Staff were questioned about cross-gender search practices. When asked how the female staff would proceed if a male staff member was not available, each indicated there is always a male staff member on duty, who can be directed to the area to conduct the search. All staff recalled receiving training on opposite gender searches; however, each of them articulated that in all instances cross-gender searches are not conducted at the facility. All staff (both male and female) reported cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.

Provision (c)

CDOC, AD 6.7, Searches Conducted in Correctional Facilities, indicates all cross-gender strip searches as well as all cross-gender body cavity searches must be documented. The reviewed policy is consistent with the PREA standard.

Provision (d)

According to the PAQ, the facility indicated they allowed inmates to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further, the PAQ indicated opposite gender staff

are required to announce their presence when entering an inmate-housing unit.

When staff were specifically asked would transgender or intersex inmates be able to shower privately, the answer was affirmative. When asked how this would be arranged, staff reported the inmate would be given a separate showering time or would be allowed to use a single stall shower which would provide privacy to each inmate.

Each staff member further indicated the transgender or intersex inmate would have the opportunity for input into the decision-making process of alternative shower times and the inmate's input would carry great weight in the decision-making process.

Provision (e)

CDOC, AD 6.7, Searches Conducted in Correctional Facilities, pp. 1-11, indicates no staff member shall search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The reviewed policy is consistent with PREA standards.

Each staff member questioned about transgender or intersex inmate search practices stated that no searches would ever be permitted for the sole purpose of identifying an inmate's genital status.

Provision (f)

According to the PAQ, 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

The Auditor reviewed the most recent PREA training documentation for facility staff. Training topics included appropriate search techniques, specifically cross-gender pat searches and searches of transgender and intersex inmates. The Auditor verified the list of staff receiving the training correlated to the existing facility staff listed on the staff roster. Participants signed an acknowledgment of training materials. Additional training documents provided directions to staff on proper documentation practices if cross-gender searches were conducted.

In response to the question of whether opposite gender announcements are made on housing units, out of the inmates interviewed, the majority report female staff announce their presence when entering the housing unit. All inmates affirmed opposite gender staff announce their presence before entering the bathroom.

When female staff were asked how they would proceed if a male staff member were not available, each indicated there was never an instance when a male staff is not on duty who would be directed to the area to conduct the search to ensure cross-gender searches are not performed. All staff interviewed recalled receiving training on opposite gender searches; however, each of them articulated that in all instances female staff do not conduct cross- gender searches and will always defer to a male staff member to complete the search.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding the limits to cross-gender.</p>
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115.16	<p>Inmates with disabilities and inmates who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • Inmate Orientation (Informing the Inmate Population of PREA) • CDOC Administrative Directive: 10.12 – Inmate Orientation • American Sign Language Interpreting Services • Inmate Handbook (English and Spanish) <p>Observations during on-site tour of facility</p> <p>During the tour, the Auditor observed the PREA posters, in both English and Spanish, prominently displayed in each housing unit, work area, hallways, visitation area, as well as other areas throughout the facility. There was also PREA typographic art painted on the wall for permanency. The Auditor was provided written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the inmate population.</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Warden • Random Staff • Inmates with disabilities <p>Through the interview process, the Warden shared that the facility has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, staff interpreters, written correspondence, etc.</p> <p>Through the interview process, random staff indicated in the event translation is required, they would try to find another staff member to provide translation.</p>

Through the interview process, zero inmates with disabilities reported feeling vulnerable due to their disability. All inmates indicated the facility provides information about sexual abuse and sexual harassment that they can understand. When each of the inmates were asked, "Do you understand your rights related to sexual abuse and how to report sexual abuse or harassment," they all responded in the affirmative.

Provision (a)

The PAQ indicates the agency/facility has established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

Connecticut Department of Correction (CDOC), Administrative Directive 10.19, Americans with Disabilities, Section 6.A.1 Inmates Admission and Orientation, requires that any inmate who appears to have a condition that would limit the inmate's access to and/or participation in, any program or service offered by the facility, shall be handled as follows:

1. Inmates who are deaf, blind, or have other physical disabilities that significantly limit access to programs and services in the facility, shall be transferred to an appropriate facility within 72 hours of admittance for assessment and classification consistent with safety and security.
2. During assessment and classification, the inmate shall be provided with CN 101901, Americans with Disabilities Act - Notice of Rights and CN 101902, Request for Reasonable Accommodations by health services staff or qualified sign language interpreter for the deaf or hard of hearing inmates who know sign language

Provision (b)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, denotes numerous items relative to ensuring each inmate receives information in verbal and written form, and that all information regarding PREA policy is understood by the inmate. Additionally, it dictates inmate PREA education information will include prevention of sexual abuse and harassment, self-protection, methods of reporting, and treatment and counseling availability.

Provision (c)

The PAQ indicates in the past twelve months, there have been zero instances where inmate interpreters, readers, or other types of inmate assistants have been used.

CDOC Administrative Directive: 10.12 - Inmate Orientation addresses the prohibition of using other inmates for translation services. The agency/facility requires that only professional interpreters or translation services, including sign language, are available to assist inmates in understanding PREA policy, how to report allegations,

and/or participate in investigations of sexual misconduct. The policy states inmates are not authorized to use interpretation/translation services from other inmates, family members or friends for these purposes. The limited exception is when a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties under §115.64 or the investigation of the inmate's allegations.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding inmates with disabilities and inmates who are limited English proficient.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed:</p> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective 09/26/14• CDOC Policy 10.4 – Volunteer and Recreation Services, effective June 29, 2018• Five Year Background Schedule <p>Interviews with the following:</p> <ul style="list-style-type: none">• Administrative Staff (HR) <p>Through the interview process the administrative staff (HR) indicated the potential hire fills out the personnel documents, which require the disclosure of the standard required items. The administrative staff indicated the CDOC takes a continually active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all the required history checks are completed for pre-hires, promotions, and five-year reviews. The Auditor conducted a review of the requested personnel files and verified that all the files reviewed contained all items required by the standard, including the PREA documentation and verification of the completed criminal history checks. The three questions listed under Provision (a) were asked and answered on all documents as required by the standard. Additionally, these three questions are asked, answered, and documented by staff annually.</p>

Through the interview process, the administrative staff (HR) indicated CDOC requires background checks on all new hires, promotions at the time of promotion, and existing staff every five years.

Through the interview process the administrative staff (HR) indicated a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

Through the interview process the administrative staff (HR) indicated the agency has a centralized database, which tracks the completion of all background checks, and tracks the due dates of the five-year criminal history background check.

Provision (a):

The PAQ reflects 388 staff and 35 new hires in the past twelve months. The facility also reported zero contractors and fifty-nine volunteers.

CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective 09/26/14, indicates CDOC shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who previously:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42 USC 1997;
- Has been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, refused, or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in Section VIII.A.1.b.

The Auditor reviewed a random sampling of fifty staff records. Each of the records reviewed contained all items required by the standard, which included documentation of criminal history check information.

Provision (b):

CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective 09/26/14, indicates CDOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

Provision (c):

CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective 09/26/14, I, 1-3, indicates before hiring new employees who may have contact with offenders, the CDOC shall:

Perform a criminal background check; and

Attempt 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, in accordance with federal, state, and local law.

In the preceding twelve months there were 35 persons hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of the 35 new hires personnel records and verified that all the files contained the items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

Provision (d):

CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective 09/26/14, indicates a criminal background check shall be performed before enlisting the services of any contractor who may have contact with offenders.

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, 6, B, indicates the CDOC shall perform a criminal background record check at least every five years of current employees.

According to the PAQ, in the past twelve months, there were zero contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmate

Provision (e):

According to the PAQ, agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective 09/26/14, specifies criminal background checks shall be conducted at least every five years for current employees and contractors who may have contact with offenders.

CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective 09/26/14, indicates material omissions regarding misconduct of this nature, or the provision of materially false information, shall be grounds for termination.

The CDOC conducts a criminal background records check, upon application, when being considered for a promotion, and every five years on all current employees and contractors.

Provision (f):

According to the PAQ, agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for

termination

The administrative staff (HR) indicated all applicants and employees who may have contact with inmates are directly asked about previous misconduct described in paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions. Further, these questions are asked and answered in writing with employee signatures on an annual basis.

Provision (g):

CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective 09/26/14, indicates material omissions regarding misconduct of this nature, or the provision of materially false information, may be grounds for termination.

Provision (h):

The administrative staff (HR) confirmed that unless prohibited by law, all information on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding hiring and promotion decisions.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Information Reviewed:

- Pre-Audit Questionnaire and supporting documentation.
- Connecticut Department of Correction Policy (CDOC) 6.12: Title – Inmate Sexual Assault Prevention Policy, Effective July 20, 2015

Observations during on-site review

During the facility tour the auditor observed the cameras and security mirrors.

Interviews with the following:

- Warden

During the interview process the Warden indicated there was ample camera coverage

throughout the facility, which is complimented by security mirrors for extra security. During the interview process the Warden indicated any construction, renovation or modification would be done with full consideration of all PREA standards and the ability to protect inmates from sexual abuse. He further reported there are meetings that would be held regarding any building or construction considerations and that safety and cameras, or other technologies would be discussed and considered at such meetings. During these meetings, the executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

Provision (a)

On the PAQ, the facility reported the agency/facility has not acquired new facilities or made substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

Provision (b)

On the PAQ, the facility reported the agency/facility has 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. The facility updated the stationary video camera system, called Verint. The facility has added approximately 70 cameras within the last 24 months.

During the interview with the Warden, it was indicated there was ample camera coverage throughout the facility, which is enhanced by security mirrors for extra security. Additionally, it was indicated that the Warden, the Deputy Warden are actively involved in any planning processes related to any expansions or modifications to this facility or regarding any enhancements to the surveillance technology.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding upgrades to facility and technology.

115.21 Evidence protocol and forensic medical examinations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information Reviewed

- Pre-Audit Questionnaire and supporting documentation.
- Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
- CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 15, Evidence Protocol/Securing the Area, effective July 20, 2015
- CDOC – Administrative Directive 8.1 Scope of Health Services Care, effective date 11/02/2014
- CDOC Policy 1.10 – Investigations
- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence, effective 01/03/17
- CDOC Policy 6.6 – Reporting of Incidents, effective 10/01/2018
- Memorandum of Understanding between CDOC and the Connecticut State Police (CSP)
- Memorandum of Understanding between CDOC and Connecticut Sexual Assault Crisis Services, Inc.

Interviews with the following:

- Random Staff
- SAFE/SANE Staff
- PREA Coordinator (PC)/PREA Director (PD)
- PREA Compliance Manager (PCM)

Through the interview process, random staff acknowledged understanding of the process should an inmate report alleged sexual abuse. Staff articulated the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Through the interview process, the PC/PD indicated the agency follows the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams.

During the interview process the PCM confirmed that in the past twelve months there were zero forensic exams performed.

During the interview process the PCM, it was indicated victim advocacy services are offered through religious services staff who are specifically trained or through staff at the local Rape Crisis Center through the MOU between CDOC and Connecticut Sexual Assault Crisis Services, Inc. The PCM stated that all requirements of PREA have been incorporated into the training for staff in religious services.

During the forensic examination, the inmate meets the victim advocate/religious services and arrangements are made to provide any necessary and/or requested

counseling services. Follow-up counseling is coordinated through victim advocate/religious services, in collaboration with mental health services.

Provision (a)

On the PAQ, the facility reported the facility is responsible for conducting administrative investigation within the facility. CDOC is not responsible for investigating allegations of sexual abuse. CDOC has an MOU with the Connecticut State Patrol to conduct sexual abuse investigations. CDOC conducts administrative investigations.

CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence, effective 01/03/17, indicates all allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Provision (b)

CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates the protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice 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.

According to the PAQ, the facility does not house youthful offenders. When reviewing the inmate roster, the Auditor did not see any inmates whose birthdate was earlier than 2006.

Provision (c)

On the PAQ, the facility reported all treatment services are provided to the victim without financial cost. Further, the PAQ reports that all forensic examinations have been completed at the nearest hospital emergency department. The facility transports victims to outside local hospitals who document services provided. When possible SAFE/SANE personnel will be utilized. If SAFE/SANE personnel are not available, an ER physician will be utilized. On the PAQ, the facility reported zero forensic examinations during the past twelve months.

CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, 13, C, indicates all offender victims of sexual abuse shall be offered access to forensic medical examinations, whether on-site or at an outside medical facility, without financial cost, where evidentiary or medically appropriate. Such examination shall be performed by a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) when possible. If neither a SAFE nor SANE can be made available, the examination may be performed by other qualified medical practitioners in accordance with CMHC policies.

SAFE/SANE personnel reported the forensic program is responsible for conducting all forensic medical examinations for the facility. Victims are transported to area hospitals which have SAFE/SANE available. All local hospitals have SAFE/SANE personnel which are available 24/7/365; however, if unforeseen circumstances arise and SANE personnel cannot perform the exam, an ER physician and ER registered nurse with a minimum of two hours of forensic evidence collection training may perform the exam. The exam starts with an explanation of the exam and written consent from the patient. From there the SANE will gather demographic information and past medical and surgical history. Details of the assault will be documented in the patient's words in the forensic medical record. After all information is obtained, the SANE will do a head- to-toe assessment, document trauma and take photographs with the patient's consent. A detailed genital exam will be done with the use of high-resolution digital imaging with the patient's consent. Forensic evidence is collected in conjunction with the head-to-toe assessment and genital assessment. Evidence is packaged and secured while maintaining chain of custody until it can be released to law enforcement. After the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV.

Provision (d)

According to the PAQ, advocate services are provided through CT Alliance to End Sexual Violence are available 24 hours a day/ 7 days a week.

CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member to provide the offender with victim advocate services. The facility has a MOU with Connecticut Sexual Assault Crisis Services, Inc. to provide victim advocacy services to the facility inmates.

At the time of the audit, information received regarding the allegations of sexual abuse and sexual harassment during the prior twelve months revealed a total of five allegations reported.

At the time of the audit, information received regarding the allegations of sexual abuse during the past twelve months revealed a total of four sexual abuse allegations reported.

Three of the sexual abuse allegations were inmate-on-inmate. All three allegations were investigated administratively. After administrative investigation, two were deemed unsubstantiated and one was deemed substantiated. All inmates were notified of the investigation outcomes in writing and the cases were closed on an administrative level. All three of these allegations were referred for review and criminal investigation. After review, all three cases were opened and referred for prosecution. At the time of the on-site audit all three cases were pending prosecution.

The remaining one was a staff-on-inmate sexual abuse allegation. This allegation was investigated administratively. After administrative investigation, this allegation was deemed unfounded. This allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

At the time of the audit, information received regarding the allegations of sexual harassment during the past twelve months revealed a total of one sexual harassment allegation reported. It was a staff-on-inmate allegation. After administrative investigation, this allegation was deemed unfounded. This allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

The Auditor reviewed four files of sexual abuse allegations and one file of sexual harassment allegations. In all sexual abuse cases the alleged victim was offered medical and mental health services. Due to time frames of reporting, zero were referred for a SANE examination. All sexual abuse cases had a sexual abuse incident team review within 30-days of the completion of the investigation. Sexual harassment cases do not require a sexual abuse incident team review. All inmates were notified in writing of the results of the investigations in a timely manner.

Provision (e)

As stated in Provision (d) during the examination, the inmate meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

Provision (f)

As reported in Provision (a) all PREA allegations are forwarded to the Office of the Inspector General (OIG) for review for possible criminal charges. CDOC has an MOU with the Connecticut State Patrol to conduct sexual abuse investigations. CDOC conducts administrative investigations.

Provision (g)

Auditors are not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through unit personnel who have received specialized training when an advocate is not available from Connecticut Sexual Assault Crisis Services, Inc.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding evidence protocol and forensic medical examinations.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • Connecticut Department of Corrections, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations • Connecticut Department of Corrections, Administrative Directive 6.6, Reporting of Incidents, effective 10/01/2018 • Connecticut Department of Corrections, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence, effective 01/03/17 • Connecticut Department of Corrections, Administrative Directive 9.6, Inmate Administrative Remedies, page 1 – 14 • Memorandum of Understanding between CDOC and the Connecticut State Police (CSP) <p>Interviews with:</p> <ul style="list-style-type: none"> • Random Staff • Investigative Staff <p>Through the interview process random staff acknowledged their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each indicated they were required to make such a report immediately after becoming aware of it. They further stated they are to immediately report to their shift supervisor.</p> <p>Through the interview process, investigative staff indicated all allegations are investigated. CDOC has an MOU with the Connecticut State Patrol to conduct sexual abuse investigations. CDOC conducts administrative investigations.</p> <p>Provision (a)</p> <p>Connecticut Department of Corrections, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations mandates allegations of sexual abuse shall be referred to the Connecticut State Police for investigation.</p> <p>At the time of the audit, information received regarding the allegations of sexual abuse and sexual harassment during the prior twelve months revealed a total of five allegations reported.</p>

At the time of the audit, information received regarding the allegations of sexual abuse during the past twelve months revealed a total of four sexual abuse allegations reported.

Three of the sexual abuse allegations were inmate-on-inmate. All three allegations were investigated administratively. After administrative investigation, two were deemed unsubstantiated and one was deemed substantiated. All inmates were notified of the investigation outcomes in writing and the cases were closed on an administrative level. All three of these allegations were referred for review and criminal investigation. After review, all three cases were opened and referred for prosecution. At the time of the on-site audit all three cases were pending prosecution.

The remaining one was a staff-on-inmate sexual abuse allegation. This allegation was investigated administratively. After administrative investigation, this allegation was deemed unfounded. This allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

At the time of the audit, information received regarding the allegations of sexual harassment during the past twelve months revealed a total of one sexual harassment allegation reported. It was a staff-on-inmate allegation. After administrative investigation, this allegation was deemed unfounded. This allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

The Auditor reviewed four files of sexual abuse allegations and one file of sexual harassment allegations. In all sexual abuse cases the alleged victim was offered medical and mental health services. Due to time frames of reporting, zero were referred for a SANE examination. All sexual abuse cases had a sexual abuse incident team review within 30-days of the completion of the investigation. Sexual harassment cases do not require a sexual abuse incident team review. All inmates were notified in writing of the results of the investigations in a timely manner.

Provision (b)

The policies regarding the agency/facility indicate there is an obligation to thoroughly investigate all matters relative to sexual abuse and sexual harassment are provided in Provision (a).

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, Investigation of Sexual Abuse/Sexual Harassment, effective July 20, 2015, indicates 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 the 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

	<p>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>Provision (c)</p> <p>As stated in Provision (a) the agency/facility refer all substantiated sexual abuse allegations to the Connecticut State Police for investigation. Connecticut State Police is responsible for conducting criminal investigations per the current MOU.</p> <p>Provision (d)</p> <p>Auditors are not required to audit this provision.</p> <p>Provision (e)</p> <p>Auditors are not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies to ensure referral of allegations for investigations.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum, effective July 20, 2015 • CDOC Administrative Directive 2.7, Training and Staff Development, effective 08/01/14 • Staff sign-in training acknowledgement • Staff Training Curriculum <p>Interviews with:</p> <ul style="list-style-type: none"> • PREA Compliance Manager (PCM)

- Random and Specialized Staff

Through the interview process staff members recalled attending the initial PREA training when they were hired or when PREA went into effect. Staff interviewed confirmed they receive annual, in-service PREA training, refresher training, as well as additional shift turnout training.

Through the interview process, the PCM indicated PREA training for staff is a priority.

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Provision (a)

CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum, effective July 20, 2015, specifies that all employees who may have contact with offenders are trained in a minimum of:

- Zero tolerance policy
- How to fulfill responsibilities for sexual abuse and sexual harassment prevention, detection, reporting and response
- Inmate's right to be free from sexual abuse and sexual harassment.
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamics of sexual abuse and sexual harassment in confinement
- Common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened or actual sexual abuse
- How to avoid inappropriate relationships with inmates
- How to communicate effectively with LGBTI and gender non-conforming inmates
- How to comply with relevant mandatory reporting laws
- The common characteristics of victims and predators, sometimes referred to as red flags.

The agency has created a pocket size PREA spiral bound reference guide, which lists step by step what to do in a PREA emergency. It also lists a synopsis of each standard. In addition to training all staff are required to keep this spiral notebook accessible during all shifts. It is tabbed for easy reference. This reference guide is available on each unit as a quick reference guide for all staff. When the second printing of the reference guide is available, the staff will be allowed to have one to keep on their person.

The reference guide is an excellent training and reference tool created specifically for the staff. It is an excellent resource for staff on the housing units, when a PREA allegation is reported. This reference guide provides names of contacts in the chain of command, definitions pertinent to PREA, how to report allegations, what to do if an offender is at risk, the requirement to knock and announce when entering a housing unit, the importance of privacy screens, who conducts investigations, etc.

CDOC Administrative Directive 2.7, Training and Staff Development, effective 08/01/14, indicates all employees who have contact with offenders, including medical and mental health care practitioners, shall receive training as outlined in Section VI, B,1, at least every two years. In the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies. Every employee asked about this card immediately pulled it out and stated how they use the card to ensure there are no missteps in the PREA process.

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum, effective July 20, 2015, indicates the level and type of training provided to volunteers and contractors shall be specific to the services provided and the level of contact with offenders; however, all volunteers and contractors who have contact with offenders shall be notified of the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures for reporting incidents.

The Auditor reviewed the PREA curriculum and training materials. The core training materials contain the ten elements required for this provision. Each of the elements is covered in detail in the training and has incorporated numbered training elements to facilitate retention of the required elements. The level or complexity and the robustness of the training will depend on the employee's classification with specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed staff training records, conducted on staff from various categories. Each record reviewed contained the relevant documentation to show the staff had met their initial PREA requirements. In addition, the Auditor reviewed the sign-in sheets for the most recent PREA refresher training which were confirmed by staff signatures, each employee acknowledged receiving the PREA training.

Provision (b)

The policy regarding the agency/facility responsibility to provide training and education regarding sexual abuse and sexual harassment is addressed in Provision (a).

The training provided by the agency, addresses both male and female issues. However, the facility training has been tailored specifically to the male inmate population. The Auditor reviewed the training materials utilized for the staff. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained and/or provided refresher training for the population make-up of the new facility prior to being placed in contact with any inmate. The training curriculum did include training specific to transgender inmates.

As stated in Provision (a), the Auditor reviewed documentation for PREA training and verified attendance of staff.

Provision (c)

Of the 388 staff presently assigned to the facility, the Auditor reviewed documentation that reflected 100% of the staff have received PREA training in the past twelve months. Facility staff also receive refresher training every two years. The facility also provides additional PREA training annually, as well as shift training, staff meetings, educational materials, and posters.

The PCM confirmed all current employees who may have contact with inmates received PREA training. Formal training is provided a minimum of every two years. On the alternating years, refresher training ensures the employees know the agency's current sexual abuse and sexual harassment policies and procedures.

Provision (d)

PREA training requirements mandate attendance at all PREA required training is documented through employee signature, acknowledging the training they have received. Employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training. Copies of these receipts were in the records reviewed by the Auditor. The receipts contained various dates which reflected separate training sessions.

Conclusion:

The PREA reference guide the agency created for staff members is an extra step the agency has taken to ensure a more robust knowledge of PREA for staff. This combined with the review and analysis of the available evidence, the Auditor has determined that the agency/facility exceeds the standard which addresses policies regarding employee training.

115.32 Volunteer and contractor training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information Reviewed <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, B, page 6, In-Service Training• CDOC Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers• VIP (Volunteers, Interns, Professional Partners) Handbook
	Interviews with the following

- Volunteers

The Auditor conducted two formal interviews with volunteers. The volunteers recalled having PREA training, stating it was specific to their roles or responsibilities in the facility. When the Auditor questioned them about their knowledge of PREA, they were able to identify what PREA was and more importantly, what their role or responsibility was in the event they were confronted with a situation of sexual abuse or sexual harassment.

Provision (a)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training, indicates at a minimum volunteers and contractors will be trained in the agency/facility zero tolerance policy regarding sexual abuse, sexual harassment and how to report such incidences.

CDOC Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers, was reviewed by the Auditor. The core training materials contain all ten of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.

The PAQ indicates the facility has 59 volunteers and 0 contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Provision (b)

VIP (Volunteers, Interns, Professional Partners) Handbook indicates the agency will ensure 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. The level and type of training will be based on the services they provide and level of contact with the inmates.

However, all volunteers and contractors shall at a minimum be trained in the following:

1. Zero tolerance policy
2. How to report sexual abuse or sexual harassment

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, B, page 6, In-Service Training, indicates all full- and part-time medical and mental health care practitioners who work regularly in TDCJ operated facilities shall be trained in:

1. How to detect and assess signs of sexual abuse and sexual harassment.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Provision (c)

As indicated in Provision (b) copies of the acknowledgment page from the PREA training are retained in each volunteer and contractor file. The Auditor reviewed the sign-in sheets from the PREA training sessions for the past twelve months. Each sign-in sheet reflected acknowledgment signatures from volunteers for the PREA training they received.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding volunteer and contractor training.

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, Inmate Education, effective July 20, 2015 • CDOC Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates • CDOC Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers • CDOC Administrative Directive 10.12, Section 3, Initial Orientation • Inmate Handbook (English) explaining how to report incidents or suspicions of sexual abuse or sexual harassment collectively address the requirements of Standard 115.33. <p>Observations during on-site review:</p>

The Auditor observed the facility provided PREA related information, much of it painted on the walls, explaining sexual abuse and reasons to report abuse on the living units and throughout the facility. Advocacy information and PREA related information was posted in each living unit near the telephones for easy accessibility.

The Inmate Orientation Handbook, as well as the PREA Posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

Interviews with the following:

- PREA Compliance Manager (PCM)
- Intake Staff
- Inmates

Through the interview process, intake staff acknowledged:

- inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.
- within 30 days of intake, the agency/facility provides comprehensive education to inmates either in person or through video regarding: This includes, but is not limited to, their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents and CDOC policies and procedures for responding to such incidents.
- PREA related education and training is provided to all inmates upon transfer to a different facility to the extent the policies and procedures of the inmate's new facility differ from those of the previous facility.
- inmate education is available in formats accessible to all inmates including those who are limited English proficient or deaf when necessary, utilizing a staff person who speaks the language or is proficient in sign language.
- all inmates who enter the care and custody of the agency/facility are provided an Inmate Orientation Handbook upon admission. The inmate signs the acknowledgment form which is retained in the inmate record. Further they indicated they receive their PREA training immediately upon arrival, prior to their unit assignment.

Through the interview process, inmates acknowledged:

- receiving information explaining how to report incidents or suspicions of sexual abuse or sexual harassment.
- receiving written PREA materials and an Inmate Orientation Handbook. All the interviewees reported the material they received including information about the facility's zero tolerance policy and ways to report.
- the facility took PREA seriously and the PCM frequently discussed it with them both formally and informally.
- PREA education relating to zero tolerance for sexual abuse or harassment,

right to be free from sexual harassment and retaliation for reporting, who to talk to about a concern, who to report an incident to, and call the number painted on the wall by the telephones.

- the PCM, as well as other staff, check with them formally and informally about PREA issues and practices. They often ask questions to make sure inmates are remembering PREA policies and reporting guidelines, as well as feeling safe on the compound.

Through the interview process the PCM indicated:

- the agency/facility ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.
- if an inmate had a disability not covered under the training elements established by the facility, local disability assistance would be contacted to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

Provision (a)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education, indicates the offender PREA orientation and education will include, but not be limited to:

- Information on PREA and the agency/facility zero tolerance standard relating to sexual assault.
- How to report incidents or suspicion of sexual abuse or sexual harassment
- Within thirty days comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment.
- To be free from retaliation for reporting incidents
- Information on how to prevent and reduce the risk of sexual violence, as well as explanation of appropriate methods of self-protection and intervention.
- Information on how to report sexual assault to staff, including contacting the Office of the PREA Coordinator/PREA Unit Director

The Inmate Handbook (English) explaining how to report incidents or suspicions of sexual abuse or sexual harassment collectively address the requirements of Standard 115.33.

CDOC Administrative Directive 10.12, Section 3, Initial Orientation, states during the intake process, offenders shall be provided with educational information explaining the agency/facility zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment in accordance with the agency Classification Plan.

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, Inmate Education, effective July 20, 2015,

states offenders shall receive information as described in Section VI.A.1, if transferred to a different facility, to the extent that the policies and procedures of the new facility differ from those of the previous facility, or if there is no documented record the offender received the information.

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, Inmate Education, effective July 20, 2015, indicates offenders shall be provided education in formats accessible to all offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

Provisions (b)

According to the PAQ, in the past twelve months there were 1,204 inmates who were admitted and whose length of stay at the facility was more than thirty days. The PAQ also reflected these inmates were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. The PAQ reflected 100% of the inmates admitted to their facility in the past twelve months received the mandated information.

Provisions (c)

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at the facility were required to attend PREA training. Inmates arriving after implementation received their training at intake. This training, at intake, is facilitated through staff going over material and answering any questions the inmate may have. Upon arrival, the inmate is also required to watch a PREA video and is provided an Inmate Orientation Handbook and goes through the A&O process. At the end of the A&O process is a question-and-answer period to reinforce retention of the information presented.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff revealed that upon arrival at the facility inmates are given orientation materials, including PREA related materials, before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

Provision (d)

CDOC Administrative Directive 10.12, Section 3, Initial Orientation, requires that all offenders shall be provided education in formats accessible to all offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

The various training elements provided to the inmate population range from PREA documents in both English and Spanish, PREA posters in both English and Spanish,

PREA typographical art permanently painted on walls, to staff members who are fluent in Spanish. They also have a list of staff interpreters on each housing unit.

As a back-up, anytime a translation service is needed and in the unlikely event an interpreter is not available, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

Provision (e)

As stated in previous provisions, all inmates sign a receipt of the Inmate Orientation Handbook, as well as for receipt of the Safe Prisons/PREA Program Offender Sexual Abuse Education. The original of these forms are maintained as documentation. A review of inmate records was conducted, and the signed acknowledgment document was in every file.

Provision (f)

It is evident the agency/facility and the PCM are dedicated to ensuring the inmates receive crucial education about sexual abuse and sexual harassment. Using varying formats, the inmate population receives important information in user friendly, comprehensible ways. The Inmate Handbook is an excellent tool which specifically lays out the prevention of sexual violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence.

Conclusion:

Every inmate encounter proved to be impressive with the amount of PREA knowledge the inmate population possessed. This combined with the review and analysis of all the available evidence, the Auditor has determined the agency/facility exceeds the standards for inmate education.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Information Reviewed:

- Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Connecticut Department of Connecticut, (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
- CDOC Administrative Directive 1.10, Investigations Section 11, page 6, Training

- Training Logs/Records of Investigative Staff

Interviews with the following:

- Investigative Staff

Through the interview process and the review of training documents by the Auditor, it has been confirmed each of the assigned investigators have attended the required training and met all training requirements.

Provision (a)

CDOC Administrative Directive 1.10, Investigations Section 11, page 6, Training, mandates that sergeants and above, including Security Threat Group correctional officers and Safe Prisons/PREA officers, shall receive training on conducting sexual abuse investigations in confinement settings. Training shall include:

- Techniques for interviewing sexual abuse victims.
- Sexual abuse evidence collection and handling; and
- Criteria and evidence required to substantiate an investigation.

Agency/facility training records provided documentation of the specialized training required by this standard.

The Auditor reviewed sign-in sheets and training materials that confirmed the general PREA training which is mandated for agency/facility employees, contractors and volunteers outlined in policy and PREA standards, was adhered to. The sign-in sheets confirm, in addition to specialized training, the investigators received the general PREA training mandated for all agency/facility employees.

Training Logs/Records of Investigative Staff confirmed all investigators completed the required training and passed the curriculum post-test. Currently there are three investigators. Through a review of training records and an interview with a facility investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (b)

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and met all training requirements. All training documentation is retained in the employee file, as required.

Provision (c)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment, address this provision. CDOC staff conduct administrative

	<p>investigations. The Connecticut State Police, via a MOU with CDOC, conduct all criminal investigations.</p> <p>Provision (d)</p> <p>The Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding specialized training: investigations.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training • CDOC Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff • Staff Training Agenda 2021 Annual Refresher Training • Training Logs/Records for Medical and Mental Health Practitioners <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Warden • Medical Staff • Mental Health Staff • PREA Compliance Manager (PCM) <p>Through the interview process medical and mental health staff acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.</p> <p>Through the interview process, the PCM acknowledged medical and mental health</p>

care practitioners employed by the agency/facility also receive training mandated for employees by §115.31.

Through the interview process, the Warden indicated that medical and mental health care practitioners, received general and specialized PREA training.

Provision (a)

CDOC Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff, states all full and part-time medical and mental health care practitioners who work regularly in CDOC operated facilities shall be trained in:

- a. How to detect and assess signs of sexual abuse and sexual harassment;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

A review of the provided lesson plan/training materials demonstrate compliance with this training requirement.

Through a review of training records and an interview with the Warden, medical and mental health care practitioners, the Auditor was able to confirm that all training requirements have been met.

Through staff interview and review of training documents by the Auditor, it was confirmed each of the assigned medical and mental health staff members have attended the mandatory training and meet all training requirements.

Provision (b)

N/A - All medical staff at the facility are prohibited by procedure from performing forensic examination on sexual abuse victims.

Provision (c)

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.

Provision (d)

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for agency/facility employees, contractors, and volunteers outlined in policy and PREA standards. The sign-in sheets confirm, in

	<p>addition to specialized training, the medical and mental health staff received the general PREA training mandated for all agency/facility employees.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding specialized training: medical and mental health care.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC, 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, effective July 20, 2015 • CDOC, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, PREA Screening of Inmates Transferred Between Facilities • HR001 Intake Screening Form • CN 9306 PREA Screening Form <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • Staff Responsible for Risk Screening • Classification Staff • Inmates <p>Through the interview process the PCM indicated:</p> <ul style="list-style-type: none"> • that medical staff, mental health staff, classification staff and the PCM have access to the risk screening information collected at intake. • all risk screening information 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, as well as work, education, and programming

assignments.

- inmates are not disciplined for their refusal to answer questions during the risk assessment.

Through the interview process, staff responsible for risk screening acknowledged inmates are not disciplined for their refusal to answer questions during the risk assessment.

Through the interview process classification staff acknowledged they monitor the inmate population, and re-assess an inmate when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate's risk of victimization or abusiveness.

Through the interview process inmates acknowledged being asked questions relative to their concern for sexual safety, and if they felt like they were going to harm themselves.

Provision (a)

CDOC, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, A-3, page 8, PREA Screening of Inmates Transferred Between Facilities, indicates all offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders.

Provision (b)

CDOC, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, A-3, page 8, PREA Screening of Inmates Transferred Between Facilities, indicates intake screening shall take place within 24 hours of arrival at the facility. This intake screening shall be completed and documented on HR001 Intake Screening Form.

As stated in provision (a), according to the listed policies all inmates must complete a risk screening within 72 hours of arrival. This risk screening shall be completed and documented on CN 9306 PREA Screening Form, Revised 1/14/15.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% of 1,933 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. From the roster of inmates, the Auditor chose records of inmates to review. The records were for inmates from varying housing units, ethnic and racial backgrounds. The names were chosen from a complete alpha roster of inmates. The Auditor went down the list and randomly chose names, in no order or sequence, from the roster.

The Auditor reviewed inmate records to ensure they received the training and how

that training was completed. All files reviewed had verification that the initial screening had occurred within 72-hours of arrival.

Provision (c)

CDOC, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, A-3, page 8, PREA Screening of Inmates Transferred Between Facilities, indicate assignments shall be made through the collaborative efforts of intake staff, the PCM, and medical and mental health services by using objective screening instruments.

The Auditor reviewed a copy of the intake form and risk screening assessment form. Staff members who conduct intake screenings utilize the HR001 Intake Screening Form.

Inmates who surpass the threshold on the risk screening form as a possible victim or predator are referred to Mental Health for an additional assessment regarding their level of risk, environmental considerations, and treatment needs. The inmate is reassessed within thirty days, after the initial meeting.

The Auditor was able to verify compliance with this provision through the review of inmate records, reflecting copies of the required assessments. A review of the HR001 Intake Screening Form indicates the instrument is weighted and scored based upon responses to specific questions required in the Standard and Provision.

Provision (d)

The Auditor reviewed the intake screening instrument. It included the following items:

- The age of the inmate
- The physical build of the inmate
- Whether the inmate's criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses against an adult or child
- What is the inmate's sexual orientation
- What is the inmate's gender identity
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
- The inmate's own perception of vulnerability
- Whether the inmate has been a victim of sexual abuse while incarcerated, as an adult or juvenile
- Whether the inmate been a perpetrator of sexual abuse while incarcerated, as an adult or juvenile

The facility does not detain inmates solely for civil immigration purposes.

Provision (e)

Classification staff monitor the inmate population, and re-assess when warranted due

to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate's risk of victimization or abusiveness.

Provision (f)

CDOC, 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, effective July 20, 2015, specifies within a period not to exceed 30 days from the offender's arrival at the facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the agency/facility since the initial intake screening.

The Auditor reviewed the PAQ which indicated that within the past 12 months, the inmates in the facility longer than 30-days from arrival, 100% of 1,204 inmates were re-assessed for the risk of sexual victimization or risk of sexually abusiveness of other inmates within 30-days of their entry into the facility.

A review of inmate records confirmed they had been reassessed within the thirty-day timeframe. Of the inmate records which were reviewed by the auditor, all had been reassessed within thirty days. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard.

Provision (g)

CDOC, 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, effective July 20, 2015, indicates an offender's risk level shall be reassessed following a referral, a request, an incident of sexual abuse, or receipt of additional information that may affect the offender's risk of sexual victimization or abusiveness.

Provision (h)

CDOC, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, July 20, 2015, states offenders shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to Section III.B.3.

Provision (i)

CDOC, 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, effective July 20, 2015, indicates staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not exploited to the detriment of any offender by staff or other offenders.

As stated previously, classification staff indicated access to the inmate's classification information is secured, with controlled access by classification staff.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard which addresses Screening for Risk of Sexual Victimization and Abusiveness.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information, effective July 20, 2015 • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates, effective July 20, 2015 • Inmate Records <p>Interview with the following:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC)/PREA Director (PD) • Staff Responsible for Risk Screening • PREA Compliance Manager (PCM) • LGBTI Inmates • Random Staff <p>Through the interview process the PC/PD indicated:</p> <ul style="list-style-type: none"> • according to CDOC policy, the gender identification of each inmate is initially determined by their legal sex assignment, generally at birth; however, from that point forward every inmate is individually assessed and classified to ensure the safety of the inmate, as well as the safety of the inmate population. • that neither the agency or facility are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. All indicated that all LGBTI inmates are housed within the

general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

- the transgender or intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. They further confirmed that regular classification reassessments are conducted a minimum of every six months, or if the inmate is involved in an incident of a sexual nature.

Through the interview process the PCM indicated

- every assessment completed by staff is factored into the placement and programming of each inmate. Further, the inmate's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at elevated risk of being sexually victimized, are separated from those at considerable risk of being sexually abusive.
- the transgender or intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

Through the interview process staff responsible for risk screening indicated:

- because of the assessment procedures being utilized, each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.
- transgender or intersex inmates view of their own safety is taken into thoughtful consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each inmate is evaluated individually.

During the interview process, transgender inmates acknowledged:

- Feeling the staff had taken her health and safety into consideration when doing her housing and programming assignments.
- Being formally reassessed twice a year and more often informally. When reviewing her inmate record, it was confirmed she had been reassessed biannually, as required by the standard.
- Feeling staff seriously consider their feelings and perceptions when making decisions regarding their cases, programming, housing decisions, etc.
- Being satisfied with the alternate shower options provided by the facility staff.

Through the interview process random staff indicated if a transgender or intersex

inmate asked to shower separately, they would arrange a separate shower time from the other inmates.

Through the interview process LGBTI inmates, reported they were housed in the general population and were not currently, nor had they ever been, housed in a housing unit designed for only LGBTI inmates. The Auditor reviewed an inmate roster and confirmed that all LGBTI inmates were housed in the general population.

Provision (a)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information, dated July 20, 2015, indicates agency/facility shall use information from the risk screening document required by Section III.B of this plan to make housing, bed, work, education, and program assignments with the goal of separating offenders at high risk of being sexually victimized from offenders at high risk of being sexually abusive in accordance with the agency/facility classification plan.

Following a review of inmate records, the Auditor was able to verify the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information, effective July 20, 2015, indicates the committee shall make individualized determinations regarding how to ensure the safety of each offender.

Provision (c)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates, effective July 20, 2015, indicates when deciding to assign a transgender or intersex offender to a unit for male or female offenders, and when making other housing and programming assignments, consideration shall be made on a case-by-case basis with regard to the health and safety of the offender and potential management or security problems. Housing determinations shall not be made solely based on LGBTI status.

Provision (d)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates, effective July 20, 2015, indicates placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experienced by the offender.

Provision (e)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment

Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates, effective July 20, 2015, indicates a transgender or intersex offender's views with respect to his or her own safety shall be given thoughtful consideration.

Provision (f)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates, effective July 20, 2015, states offenders identified as transgender, or intersex shall be given the opportunity to shower separately from other offenders.

Provision (g)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates, effective July 20, 2015, indicates LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely based on this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard requiring the use of screening information.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information Reviewed: <ul style="list-style-type: none">• Pre-Audit Questionnaire (PAQ) and supporting documentation provided.• Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
	Interview with the following:

- PREA Compliance Manager (PCM)

Through the interview process the PCM indicated there have not been any inmates placed in protective custody or involuntary administrative/punitive segregation in the past twelve months.

Provision (a):

CDOC 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, indicates offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment is not completed immediately, the staff may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

According to the PAQ, there were zero 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. The PCM indicated there had not been any inmates placed in protective custody in the past twelve months. Consequently, no inmates were interviewed relative to this standard.

Provision (b)

CDOC 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, indicates offenders placed in protective safekeeping for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the unit shall document:

1. The opportunities that have been limited;
2. The duration of the limitations; and
3. The reasons for the limitations.

According to the PAQ during the past twelve months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. This information was confirmed by the PCM. Consequently, no inmates could be interviewed relative to this provision.

Provision (c)

CDOC 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, indicates offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days.

According to the PAQ during the past twelve months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. The PCM confirmed this information. Consequently, no inmates could be interviewed relative to this provision.

Provision (d)

CDOC 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, effective July 20, 2015, indicates that inmates at high risk for sexual victimization shall not be placed in the Restrictive Housing Unit (RHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. Inmates are reassessed every seven days after entering the RHU.

CDOC 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, mandates if a protective safekeeping housing assignment is made pursuant to Section III, C, 3, the unit shall clearly document:

1. The basis of the concern for the offender's safety; and
2. The reason no alternative means of separation can be arranged.

According to the PAQ during the past twelve months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. Consequently, no inmates could be interviewed relative to this provision.

Provision (e)

CDOC 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, indicates every 30 days, the facility shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.

According to the PAQ during the past twelve months there have been no inmates placed into protective custody in accordance with this standard. This was confirmed by the PCM. Consequently, no inmates were interviewed relative to this provision.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard relative to protective custody.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education, effective July 20, 2015 • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, effective July 20, 2015 • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, effective July 20, 2015 • CDOC PREA Zero Tolerance Policy Posting (English and Spanish) • CDOC Inmate Handbook PREA Supplement, undated <p>Observations during the facility tour</p> <p>During the on-site portion of the audit, the Auditor observed different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, communal areas, main hallways, intake holding area, dining room, etc. The Auditor also observed PREA typographical art painted on the walls for more permanency. The Auditor checked numerous inmate telephones throughout the facility, and all were in working order and readily available in each housing unit.</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Compliance Manager (PCM) • Staff • Inmates <p>Throughout the interview process the staff indicated:</p> <ul style="list-style-type: none"> • they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. • inmates can report in diverse ways which includes telling a staff member, calling the PREA telephone number posted throughout the facility, or telling a family member. Staff acknowledged inmates can privately report sexual abuse

or sexual harassment as well, by contacting the Connecticut Sexual Assault Crisis Services (CONNSACS).

- there are several methods for staff to privately report sexual abuse of inmates were identified. All staff indicated they may choose to make a private report to their supervisor, another supervisor, PCM, PC, or CONNSACS.

Throughout the interview process the inmates indicated:

- there are multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the PCM, having family members contact the institution, contacting a staff member, and “writing to the address on the poster.” Most indicated they would tell a staff member first.
- they were familiar with an outside agency and said they knew they offered services, but not all were clear on exactly what services they offered.

Throughout the interview process the PCM reported inmates could report abuse or harassment to a public or private entity. The PCM stated inmates could report to the Connecticut Sexual Assault Crisis Services (CONNSACS).

Provision (a):

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, effective July 20, 2015, indicates offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including, but not limited to, extortion and violence. Offenders may report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the incidents.

Inmate Handbook PREA Supplement, p.1, undated, indicates the PREA program was established to prevent, detect, and respond to sexual abuse, sexual harassment, extortion, and other acts of violence perpetrated against an offender. The PREA program and policies provide guidelines necessary to prevent, respond, and investigate acts of aggression. Additionally, the PREA program outlines the process of addressing the needs of offenders following an allegation. One of the strategies involved in the PREA program includes educating offenders to raise awareness regarding the Program and provide direction on methods to prevent and report incidents of sexual abuse or sexual harassment.

Provision (b)

CDOC Inmate Handbook PREA Supplement, p.1, undated, states individuals that sexually abuse and/or harass inmates can only be disciplined or prosecuted if the incident is reported. If you become a victim of sexual abuse or sexual harassment, you should report it immediately to any facility staff. The employee to whom you report any such incident will take immediate action to ensure your safety and will

document the report in writing. Appropriate notifications through the facility chain of command and, if applicable, law enforcement agency will be completed.

The facility does not detain inmates solely for civil immigration purposes.

Provision (c)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, effective July 20, 2015, indicates staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports. Of the inmates interviewed regarding this provision, 100% indicated they were aware of the ability to make reports of sexual abuse or sexual harassment in person and in writing.

Provision (d)

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, effective July 20, 2015, indicates a method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders. Staff shall accept reports made verbally; in writing, including by letter, sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard relative to inmate reporting.

115.52 Exhaustion of administrative remedies	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information Reviewed <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• CDOC Inmate Handbook PREA Supplement, undated
	Interviews with the following:

- Staff
- Inmates

Through the interview process, inmates reported there was not a grievance procedure in place to manage PREA allegations.

Through the interview process, staff reported there was not a grievance procedure in place to handle PREA allegations.

Provision (a):

In the PAQ the facility reported the agency does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse and sexual harassment. The agency and facility both report they do not have administrative procedures to address male inmate grievances regarding sexual abuse.

CDOC Inmate Handbook PREA Supplement, undated, indicates the agency/facility do not have administrative procedures to address inmate grievances regarding sexual abuse. If an allegation is reported on a grievance form, the written form is then treated as a PREA allegation and will go through the channels outlined in Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015.

Provision (b)

N/A - See Provision (a) for details.

Provision (c)

N/A - See Provision (a) for details.

Provision (d)

N/A - See Provision (a) for details.

Provision (e)

N/A - See Provision (a) for details.

Provision (f)

N/A - See Provision (a) for details.

Provision (g)

N/A - See Provision (a) for details.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding exhaustion of administrative remedies.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education, effective July 20, 2015. • MOU between CDOC and the Connecticut Alliance to End Sexual Violence • CDOC Inmate Handbook (English and Spanish), undated <p>Observations during on-site review:</p> <p>During the tour of the facility, the Auditor observed PREA posters and PREA information and telephone numbers stenciled on the walls for permanency throughout the facility. These posters and stencils around the facility as well as the Inmate Handbook, let inmates know they can notify the PCM, or other staff member, of any incident of sexual abuse or sexual harassment. As well as having the right to be free from sexual abuse and sexual harassment and retaliation.</p> <p>During the tour of the facility, the Auditor evaluated several pay phones to ensure they worked. Each time the telephones functioned appropriately. The phones are checked once each shift by an intermediate or higher-level staff member to make sure they are in working order to reach the outside support agency without difficulty.</p> <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Inmates • PREA Compliance Manager (PCM) <p>Through the interview process the inmates indicated:</p> <ul style="list-style-type: none"> • there is a telephone number and address available to them to contact someone in the event of sexual abuse or sexual harassment. • the call is free and confidential. • there is an outside resource because of the PREA training and the information around the facility. • they were aware some of the information they provided might be given to the facility staff. <p>Through the interview process the PCM indicated</p>

- a victim advocate is made available to be present with the victim before, during and following the examination.
- staff and advocates have a responsibility to inform any victim that some information the victim shares with them may need to be provided to facility staff. This information may be medical and/or non-medical, for purposes such as institutional security, PREA investigation, and further medical and mental health services.

Provision (a)

On the PAQ the facility reported it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving inmates mailing addresses and telephone numbers (including toll- free numbers) for local, state, or national victim advocate or rape crisis organizations
- Enable reasonable communication between inmates and these organizations in as confidential a manner as possible.

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization.

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicated offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, defines a "Victim Advocate" as a qualified staff member from a rape crisis center or community-based organization who accompanies and supports offenders who were victims of sexual assault through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the

offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization.

As requested by the offender victim, the victim advocate shall:

1. Accompany and support the victim through the forensic medical examination process and investigatory interviews;
2. Provide emotional support, crisis intervention, information, and referrals; and
3. Not delay or otherwise impede the screening or stabilization of an emergency medical condition.

Provision (b)

On the PAQ the facility indicated it tells inmates the extent to which communications will be monitored and the limits of confidentiality due to mandatory reporting laws.

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, states offenders shall be informed, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates offender victims of sexual abuse shall 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 in accordance with CMHC policies.

Provision (c)

On the PAQ the facility indicated it maintains memoranda of understanding (MOU) or other agreements with community service providers that can provide inmates with emotional support services related to sexual abuse.

CDOC MOU with the Connecticut Alliance to End Sexual Violence, documents the agreement with a rape crisis center for victim advocate services.

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding inmate access to outside confidential support services.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation • Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment • MOU between CDOC and Connecticut Alliance to End Sexual Violence • CDOC website • CDOC Inmate Handbook, undated <p>Provision (a)</p> <p>On the PAQ, the facility reported there is access to third-party reporting through their agency website.</p> <p>Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, effective July 20, 2015, indicates a complaint or allegation can be submitted by anyone who has information that an offender may need protection. This information can come from the offender in need of protection, other offenders, the offender's family, facility staff, or others. These complaints or allegations can be submitted via the CDOC website, Connecticut State Police (*9333#), toll free number to CDOC (*9222#), and Connecticut Alliance to End Sexual Violence (*9444) and their 24-Hour Hotline (1-888-999-5545/English or 1-888-568-8332/Spanish). The website and posted notices assist third party reporters in reporting allegations of sexual abuse/sexual harassment. The inmates interviewed indicated they were aware of third-party reporting methods.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding third party reporting.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Information Reviewed

- Pre-Audit Questionnaire and supporting documentation.
- Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
- CDOC Administrative Directive 6.6 Reporting of Incidents
- CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015

Interviews with the following:

- Staff
- Warden
- PREA Compliance Manager (PCM)

Through the interview process staff

- were able to articulate how they would immediately report an allegation of sexual abuse in a manner compliant with policy.
- verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc.
- indicated PREA related allegations and reports go to the PCM, who then notifies the investigative staff.

Through the interview process medical and mental health staff verbalized:

- they were aware of this requirement
- how they would immediately report an allegation of sexual abuse.
- their understanding of the policy as well as their rights and responsibilities.
- they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Through the interview process the PCM confirmed:

- allegations of sexual abuse and sexual harassment are reported to the PCM and if necessary, the Connecticut State Police.
- being aware of this requirement and would report any abuse allegations to the appropriate agency, as required by law, as well as the PCM and agency investigators.

Through the interview process the Warden acknowledged being aware of this requirement and indicated all abuse allegations are reported to the appropriate

agency, as required by law, as well as the PCM and agency investigators.

Provision (a)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, indicates all staff members shall immediately report, according to policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Provision (b)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, indicates staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions.

Provision (c)

CDOC Administrative Directive 6.6 Reporting of Incidents, indicates unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner's duty to report, as well as the limitations of confidentiality.

Provision (d)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, C, effective July 20, 2015, indicates medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting Laws.

Provision (e)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, indicates all staff members shall immediately report, according to policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff and agency reporting duties.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness • Connecticut Department of Correction, Administrative Directive 9.9 Protective Management, Section 6, Determination of Substantial Risk <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) • Staff <p>Through the interview process the Warden acknowledged immediate action to protect the victim (inmate) would be taken. The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. The perpetrator, if known, would be placed in segregated housing.</p> <p>Through the interview process the PCM acknowledged the protection and safekeeping of the victim is the primary focus in allegations of sexual abuse. The PCM indicated, if necessary, the victim would be moved to different housing. If the perpetrator were identified, the perpetrator would be placed in disciplinary segregation pending completion of the investigation.</p> <p>Through the interview process staff indicated if they received an allegation from an inmate, they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence.</p> <p>Provision (a)</p>

	<p>According to the PAQ in the past twelve months, the agency/facility had zero determinations that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness, effective July 20, 2015, indicated when an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision rendered within five calendar days. The initial response and final decision shall document whether the offender is at substantial risk of imminent sexual abuse and the action taken.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding agency protection duties.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC Administrative Directive 6.6 Reporting of Incidents • CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015 <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Facility Head – Warden • PREA Coordinator (PC)/ PREA Director (PD) • PREA Compliance Manager (PCM) <p>Through the interview process the PC/PD acknowledged</p>

- any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or staff sexual misconduct that occurred within any facility will be investigated in accordance with the guidelines of the CDOC.
- once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned to the Connecticut State Police to conduct the investigation.

Through the interview process the Warden and the PCM echoed the PC/PD.

Provision (a)

CDOC Administrative Directive 6.6 Reporting of Incidents, indicated after receiving an allegation that an offender was sexually abused while confined at another facility, such as a county jail or out of state facility, the individual taking the initial report shall immediately notify the PCM. The PCM shall provide the details of the alleged incident so the appropriate office of the outside agency where the alleged abuse occurred.

Provision (b)

CDOC Administrative Directive 6.6 Reporting of Incidents indicates notification to the appropriate agency must be made as soon as possible, but no later than 72 hours after receiving the allegation.

Provision (c)

The PAQ reflects that in the past twelve months, the facility received zero allegations that an inmate was abused while confined at another facility. As outlined in Provision (b) policy requires that any inmate allegation of sexual abuse occurring while confined at another facility be reported to the Warden of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation.

Provision (d)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, indicates 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

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding reporting to other confinement agencies.

Auditor Overall Determination: Meets Standard
Auditor Discussion
Information Reviewed:
<ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015
Interviews with the following: <ul style="list-style-type: none"> • Warden • Security Staff - First Responders • Non-Security First Responders
<p>Through the interview process, the Warden acknowledged first responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.</p>
<p>Through the interview process staff were consistently able to articulate to the Auditor, step-by-step, how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.</p>
<p>Through the interview process, security staff first responders confirmed training in the PREA process through annual in-service training, on the job training, and staff meetings. The PCM consistently reminds them of PREA policies and speaking with them regarding the importance of sexual safety.</p>
<p>Through the interview process, non-security staff indicated they would notify security staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of, the need for confidentiality in all cases.</p>
<p>Provision (a)</p>
<p>Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, indicates after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:</p>

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.

According to the PAQ in the past 12 months, there were four allegations that an inmate was sexually abused. Of these allegations of sexual abuse in the past 12 months, the first security staff member to respond to the report separated the alleged victim and abuser three times. Staff were notified within a period that still allowed for the collection of physical evidence zero times. Of these allegations in the past 12 months where staff were notified within a period that still allowed for the collection of physical evidence, zero times the first security staff member responded to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, zero 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. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, zero 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.

According to the PAQ, of the allegations that an inmate was sexually abused made in the past 12 months, a non-security staff member was the first responded zero times.

The documentation review included the original complaint, the referral for investigation, referrals for mental health, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. Where applicable, the inmates were given proper notice of the findings and the cases were closed.

Provision (b)

The PAQ indicated the facility had four allegations for alleged sexual abuse in the past 12-months. Of the allegations that an inmate was sexually abused made in the past 12 months, a non-security staff member was never the first responder:

The Auditor's review of the PREA training curriculum that all staff, volunteers, and contractors receive, identifies whoever receives the information first, as a First Responder, including staff, volunteers, and contractors. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the Shift Supervisor or PCM.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff first responder duties.

115.65	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015• PREA Incident Checklist <p>Interviews with the following:</p> <ul style="list-style-type: none">• Warden• First Responders• Staff <p>During the interview process the Warden acknowledged the coordinated response plan breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on-the-job training.</p>

Through the interview process each first responder and staff member were able to adequately articulate their required responsive actions following an alleged sexual abuse incident. Each understood and made appropriate responses regarding an alleged sexual abuse incident and had been appropriately trained to respond to such incidents.

Provision (a)

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, A-B, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, states after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

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 expected to destroy biological, forensic, or physical evidence related to such sexual abuse.
5. Promptly document incident on CN 6601, Incident Report and forward it 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.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse), effective July 20, 2015, indicates if the first staff responder is not a correctional officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and shall immediately notify a correctional officer.

The agency/facility has a written detailed First Responder Reference Guide. The guide is thorough and comprehensive. It contains detailed response actions for staff first responders, supervisors, medical and mental health practitioners, investigators, and facility leadership. It lists the correct forms to use, a chain of command and delegates responsibilities for each step of the process. It includes a PREA Incident Checklist to list dates and times each action was completed and the contact person with agency or department.

Conclusion:

Based on the comprehensive nature of the First Responder Guide combined with the review and analysis of all the available evidence, the Auditor has determined the

	agency/facility exceeds the standard regarding coordinated response.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC)/PREA Director (PD) <p>Through the interview process the PC/PD acknowledged the CDOC and any other government entities responsible for collective bargaining on the agency's behalf are prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmate pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Provision (a)</p> <p>CDOC policy dictates the CDOC conducts collective bargaining activities at the State level. There are no agreements in place that limit the agency's authority to remove alleged staff sexual abusers from contact with inmates. There have been no new collective bargaining agreements since August 20, 2012.</p> <p>Provision (b)</p> <p>The Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding preservation of ability to protect inmates from contact with abusers.</p>

115.67	Agency protection against retaliation
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Auditor Overall Determination: Meets Standard
Auditor Discussion
Information Reviewed
Pre-Audit Questionnaire and supporting documentation.
Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation, effective July 20, 2015.
Interviews with the following:
Warden
Staff in Charge of Monitoring Retaliation
Through the interview process the Warden acknowledged
<ul style="list-style-type: none"> • retaliation is not tolerated. • staff and inmates are instructed that retaliation is not something of which not be afraid. • if retaliation does occur, prompt action will be taken against those responsible for the retaliation. • individuals who retaliated (staff and inmates) will be investigated and disciplined. • there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. • the retaliation monitoring of staff includes watching for negative performance reviews or work reassignments. These sentiments were echoed by the staff in charge of monitoring retaliation.
Provision (a)
Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation, effective July 20, 2015, indicates offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. The PCM monitors for incidents of

retaliation.

According to the PAQ, the PC/PD and the PCM have been identified as the individuals who are primarily responsible for monitoring retaliation.

Provision (b)

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation, effective July 20, 2015, indicates 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.

Provision (c)

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation, effective July 20, 2015, indicates for at least 90 days following a report of sexual abuse, the PCM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff and shall act promptly to address any retaliation.

According to the PAQ, the facility monitors retaliation for a period of 90 days, unless further monitoring is needed. The PAQ also indicated, facility had zero instances of retaliation in the past twelve months.

Provision (d)

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation, effective July 20, 2015, indicates the monitoring shall also include periodic status checks of offenders.

Provision (e)

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation, effective July 20, 2015, indicates if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency/facility shall respond appropriately to protect that individual against retaliation.

Provision (f)

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation, effective July 20, 2015, indicates if the investigation determines the allegation to be unfounded, the monitoring shall be discontinued.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding agency protection against retaliation.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, pp 7 – 8, Screening for Risk of Victimization and Abusiveness, effective July 20, 2015• Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, After Intake to the Facility, and pp 8 – 9, effective July 20, 2015
	<p>Interviews with the following:</p> <ul style="list-style-type: none">• Classification Staff
	<p>During the interview process classification staff acknowledged</p>

- there are multiple housing options available. These other alternatives are always explored, and segregation is utilized as a last resort.
- the abuser or the victim can be moved to another facility, if needed.

Provision (a)

The PAQ indicates the facility did not use segregated housing in the past 12-months for PREA related allegations.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, pp 7 – 8, Screening for Risk of Victimization and Abusiveness, effective July 20, 2015, indicates offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, After Intake to the Facility, and pp 8 – 9, effective July 20, 2015, indicates offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, After Intake to the Facility, and pp 8 – 9, effective July 20, 2015, mandates every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding post allegation protective custody.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation.

- Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
- CDOC Administrative Directive 1.10 Investigations, Section 6, pp 2 – 6, Initial Inquiries and Administrative Investigations
- CDOC Administrative Directive 1.10 Investigations, Section 8, pp 5 – 6, PREA Unit Investigations
- CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment

Interviews with the following:

- Investigative Staff

During the interview process the investigator indicated

- investigations begin immediately following notification of the incident. The same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, verbally, third party, by mail or anonymously.
- confirmed attendance at the required training sessions. The Auditor reviewed the investigators training records and verified attendance and participation in all mandated training.
- all investigations follow practically the same investigative format. Interviews are conducted with the victim first, then any witnesses, leaving the perpetrator for last. Protocol varies slightly if it is an alleged sexual harassment rather than an alleged sexual assault or sexual abuse.
- if it is an alleged sexual assault or sexual abuse incident, the victim is met at the dedicated SAFE/SANE location if applicable. Except in the cases where the SAFE/SANE team collects the evidence, the investigator collects and secures all evidence.
- investigative staff are trained in evidence collection. The Auditor reviewed training records, which provided confirmation.
- when the evidence appears to support a criminal act that has been committed, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The Connecticut State Police confirmed if the case appears to be criminal Miranda warnings are given to the person(s)
- the credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the investigation proves otherwise. Polygraph is not used in the investigative process of PREA cases.
- in administrative investigations the evidence is followed as the investigation unfolds. In following the evidence, an attempt is made to determine if staff actions or failure to act contributed to the allegation. All findings are

summarized in the investigative report.

- if the investigation uncovers evidence that a crime has been committed, the allegation is investigated by the Connecticut State Police.
- that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.
- the facilities cooperate with the Connecticut State Police and endeavor to keep the facility informed of the progress of the investigation.

Provision (a)

The PAQ reflects the CDOC has a policy related to criminal and administrative investigations.

CDOC Administrative Directive 1.10 Investigations, Section 6, pp 2 – 6, Initial Inquiries and Administrative Investigations, indicates investigations of sexual abuse threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Provision (b)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment, indicates investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

Provision (c)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment, mandates all allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Provision (d)

CDOC Administrative Directive 1.10 Investigations, p. 2, Number 5, Criminal Investigations indicates 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. 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.

Provision (e)

CDOC Administrative Directive 1.10 Investigations, p. 2, Number 5, Criminal Investigations indicates in part, the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

Provision (f)

CDOC Administrative Directive 1.10 Investigations, Section 8, pp 5 – 6, PREA Unit Investigations, indicates staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings. Furthermore, whether information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report.

Provision (g)

See provision (d) for more information on criminal investigations.

When asked about handling criminal investigation, the investigative staff reported all steps are thoroughly documented, including investigative steps, interviews, facts, and findings, up until the point the allegation is determined to be criminal in nature. When the incident rises to the level of criminal prosecution, everything is immediately turned over to the Connecticut State Police.

According to the PAQ, in the past twelve months there was one substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Provision (h)

Per the PAQ, in the past twelve months there was one criminal case referred for prosecution.

Provision (i)

CDOC Administrative Directive 1.10 Records Retention indicate the PREA Unit shall retain all investigation reports for:

- i. if 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.

Provision (j)

CDOC Administrative Directive 1.10 Investigations, 10, c, ii, indicates the departure of

the alleged assailant or victim from employment or custody of the CDOC shall not be the basis for terminating an investigation.

Provision (k)

CDOC Administrative Directive 1.10 Investigations, indicates in part the evidence protocol and forensic medical examinations shall also apply to:

any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Provision (l)

CDOC Administrative Directive 1.10 Investigations indicates unit staff shall cooperate with the Connecticut State Police when applicable, to avoid interfering with possible criminal investigation related to the same incident.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding criminal and administrative agency investigations.

115.72 Evidentiary standard for administrative investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information Reviewed <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 3, pages 1 - 2, Definitions and Acronyms• Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 - 6, Initial Inquiries and Administrative Investigations
	Interview with the following: <ul style="list-style-type: none">• Investigative Staff Through the interview process investigative staff acknowledged

- during an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.).
- no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Provision (a)

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations indicates no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding evidentiary standard for administrative investigations.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 4, Initial Inquiries and Administrative Investigations • Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 10, g, Reporting to Inmates • Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment • PREA Investigation Tracking Log <p>Interview with the following:</p> <ul style="list-style-type: none"> • Investigative Staff

During the interview process investigative staff acknowledged the last step of the investigation process takes place after all findings have been determined. At the conclusion of any PREA investigation the CSP investigator sends to the Warden's office a close out memorandum of the investigation and details of how the decision was made regarding the outcome. The facility is then responsible for notifying the inmate of the outcome of the administrative investigation.

Provision (a)

According to the PAQ, the agency has a policy requiring that any inmate who alleges that he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

The PAQ indicated the facility had three criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past twelve months. Of the alleged sexual abuse investigations that were completed in the past 12 months, three inmates were notified, verbally or in writing, of the results of the investigation. There were two notifications of inmates for unfounded sexual harassment allegations.

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 10, g, Reporting to Inmates, indicates 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 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.

Provision (b)

According to the PAQ, there were three investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months.

Connecticut State Police conduct all criminal investigations. All information concerning any criminal investigation comes from the Connecticut State Police to the CDOC PREA Unit. It is up to the agency/facility to inform the inmate of all findings and actions. Documentation of this is maintained in the investigative file in the PREA Unit.,

Provision (c)

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 17, A, 1-4, effective July 20, 2015, indicates following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) whenever:

1. the staff member is no longer in the inmate's housing unit;
2. the staff member is no longer employed at the facility;
3. the Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or
4. the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

As previously stated in provision (a), upon completion of this investigation, the facility will also be responsible for notifying the inmate(s) regarding the outcome of the investigation.

Provision (d)

As is the case in provision (c) with a staff-on-inmate allegation, when there is an inmate-on-inmate allegation, the victim will be notified when:

1. The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or
2. The alleged assailant has been convicted on a charge related to sexual abuse within the unit.

Provision (e)

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 10, g, indicates the requirement to provide offender notification shall terminate if the offender is released from the custody of the CDOC.

Provision (f)

The Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding reporting to inmates.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation.

- Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
- Connecticut Department of Correction, Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline, effective 9-26-2014
- Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions, effective July 20, 2015

Interviews with the following

- PREA Coordinator (PC)/PREA Director (PD)
- Warden

Through the interview process the PC/PD indicated

- all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment or sexual misconduct policies.
- in the past twelve months, there were zero staff who have violated agency sexual abuse or sexual harassment or sexual misconduct policies.
- the presumptive disciplinary sanction for staff who have engaged in sexual abuse is termination.

Through the interview process the Warden confirmed during the previous twelve months there had not been any terminations or resignations of staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.

Provision (a)

CDOC Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline, effective 9-26-2014, indicates in accordance with Administrative Directive 2.6 staff shall be subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse or sexual harassment policies. is the presumptive disciplinary sanction for staff that have 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. Disciplinary action shall be based on job-related and non-discriminatory criteria.

Provision (b)

According to the PAQ, in the past 12 months, zero staff from the facility who have violated agency sexual abuse or sexual harassment policies. In the past 12 months, there were zero staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies

CDOC Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline, effective 9-26-2014, indicates termination is the presumptive disciplinary sanction for staff that have been found to have engaged in sexual abuse.

Provision (c)

According to the PAQ, in the past 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CDOC Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline, effective 9-26-2014, 10, indicates disciplinary sanctions for violations of TDCJ policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall 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.

Provision (d)

According to the PAQ, in the past 12 months, zero staff from the facility 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 policies.

CDOC Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline, effective 9-26-2014, 10, g, indicates 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.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for staff.

115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information Reviewed: <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• CDOC Policy 10.4 – Volunteer and Recreation Services• Connecticut Department of Correction (CDOC), Administrative Directive 6.12,

Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention,
effective July 20, 2015

- CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions, effective July 20, 2015

Interviews with the following

- Warden

During the interview process the Warden indicated during the previous twelve months there had been zero contractors or volunteers reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates. Further there had been zero volunteers or contractors reported to law enforcement for engaging in sexual abuse of inmates.

Provision (a)

According to the PAQ, agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Further any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.

However, in the past twelve months zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. Additionally in the past twelve months zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates.

Administrative Directive 6.12, Paragraph 21, Disciplinary Sanctions, Corrective Action for Contractors, Vendors and Volunteers, identifies sanctions for contractors, vendors and volunteers who engage 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. The facility is charged with taking appropriate remedial measures and considering whether to prohibit further contract with inmates, in the case of any other violation of agency inmate sexual abuse or sexual harassment policies by a contractor or volunteer.

Provision (b)

According to the PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CDOC Policy 10.4 - Volunteer and Recreation Services indicates volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall 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. This information is provided in the VIP Handbook

	<p>provided to all contractors and volunteers.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding corrective action for contractors and volunteers.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline • CDOC Administrative Directive 9.5 Code of Penal Discipline <p>Interviews with the following:</p> <ul style="list-style-type: none"> • PREA Coordinator (PC)/PREA Director (PD) • PREA Compliance Manager (PCM) <p>Through the interview process the PC/PD indicated there were three administrative findings of inmate-on-inmate sexual abuse that occurred at the facility in the past twelve months. Conversely, there were zero criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility. The PCM confirmed this information.</p> <p>Through the interview process the PC/PD indicated the CDOC prohibits sexual activity between inmates.</p> <p>Through the interview process, the PCM acknowledged they only discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Additionally, they prohibit disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred,</p> <p>Provision (a)</p> <p>According to the PAQ, in the past 12 months, there were three administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12</p>

months, there were zero criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, C, p. 16, Inmate Discipline indicates 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.

Provision (b)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, C, p. 16, Inmate Discipline indicates sanctions are to be 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.

Provision (c)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, C, p. 16, Inmate Discipline indicates the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

Provision (d)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, C, p. 16, Inmate Discipline indicates 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.

Provision (e)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, C, p. 16, Inmate Discipline indicates 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.

Provision (f)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, C, p. 16, Inmate Discipline indicates 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.

Provision (g)

CDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, C, p. 16, Inmate Discipline indicates 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.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for inmates.

115.81 Medical and mental health screenings; history of sexual abuse	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none">• Pre-Audit Questionnaire (PAQ) and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness• Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6• PREA Emergency Medical and Mental Health Services Log Sample
	<p>Interview with the following</p> <ul style="list-style-type: none">• Medical and Mental Health Staff• Intake Staff
	Through the interview process staff who conduct intake screenings confirmed all medical and mental health records are contained in a separate and secure database.

This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

Through the interview process, staff who conduct intake screenings indicated if the intake screening indicates the inmate is at substantial risk for victimization, aggressiveness or has a history of victimization the inmate is offered a follow-up meeting with a mental health professional and is seen within 14-days of intake. Medical and mental health staff confirmed this information.

Provision (a)

The PAQ reflects in the past twelve months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health professional.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness indicates if the risk screening reveals an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

During the documentation review, the Auditor discovered all mental health referrals were timely made. All referrals were evaluated within the appropriate time frame.

Provision (b)

The PAQ reflects in the past twelve months, 100% of inmates with previous perpetrator behavior were referred for follow-up screening.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness indicates if the screening pursuant to this section indicates an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

During the documentation review, the Auditor discovered all mental health referrals were timely. All referrals were evaluated within the appropriate time frame.

Provision (c)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness indicates if the screening pursuant to this section reveals an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered

a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Provision (d)

The PAQ indicates the facility limits information obtained in intake screening relating to sexual abuse to those who need to make management, security, or treatment plan decisions.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness indicates there should be strict limits on information obtained in intake screening relating to sexual abuse to those who need to make management, security, or treatment plan decisions.

Provision (e)

The PAQ indicates medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness indicates medical and mental health professionals must obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding medical and mental health screenings, history of sexual abuse.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information Reviewed <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015• Connecticut Department of Correction, Administrative Directive 6.12 Inmate

- Pre-Audit Questionnaire and supporting documentation.
- Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015
- Connecticut Department of Correction, Administrative Directive 6.12 Inmate

Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, pp. 12 – 13, Medical Staff Action

Interview with the following

- Medical and Mental Health Staff

Through the interview process medical and mental health staff acknowledged treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Through the interview process, medical staff reported that upon arriving at medical after a report of sexual assault, an inmate will get a cursory examination by the physician to provide feedback for use of SART or if the inmate should be immediately transported to a hospital due to the nature of his injuries. If SART is utilized, before leaving the facility, the nurse will provide 'recommendations' for treatment and care. The facility physician will complete the orders. As part of the process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary care information.

Provision (a)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, pp. 12 – 13, Medical Staff Action indicates offender victims of sexual abuse shall 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.

The Auditor reviewed records of inmates who alleged sexual abuse and in each case the inmate was referred to medical and mental health well within the appropriate time.

Provision (b)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, pp. 12 – 13, Medical Staff Action indicates if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders shall take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners.

Provision (c)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual

	<p>Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, pp. 12 – 13, Medical Staff Action indicates offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate.</p> <p>As previously stated in provision (b) medical and mental health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.</p> <p>Provision (d)</p> <p>Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, pp. 12 – 13, Medical Staff Action indicates treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding access to emergency medical and mental health services.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, pp. 12-13 <p>Interview with the following</p>

- Medical and Mental Health Staff
- PREA Compliance Manager (PCM)

During the interview process medical and mental health staff indicated:

- treatment is provided immediately and is based on their professional judgment.
- they work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.
- they support compliance in evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff indicates an active understanding of the importance of appropriate evaluation, follow-up, treatment planning and service referral.

During the interview process, the PCM indicated all treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Provision (a)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, pp. 12-13, indicates all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.

Correctional Managed Health Care Policy Manual, Sexual Assault/Sexual Abuse, G-57.1, dated August 28, 2019, I, states all offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined, and appropriately referred for required services. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of assault and the examination.

The Auditor reviewed records, produced by the facility, documenting the community standard of care, the evidence of sexually transmitted Infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

Provision (b)

As stated in provision (a) the evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual

Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, pp. 12-13, indicates the evaluation and treatment of such offender 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 units in accordance with CMHC policies or their release from custody.

Documentation and records reviewed supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by medical and mental health staff and their follow-up appointments with inmates. Follow-up consisted of routine inmate visits with medical and mental health staff.

Provision (c)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, pp. 12-13, indicates offender victims shall be provided medical and mental health services consistent with the community level of care.

Provision (d)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, pp. 12-13, indicates offenders who have the capacity to become pregnant because of sexually abusive penile-vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in this section, the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services in accordance with CMHC policies.

Provision (e)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, pp. 12-13, indicates offenders who have the capacity to become pregnant because of sexually abusive penile-vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in this section, the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services in accordance with CMHC policies.

Provision (f)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, pp. 12-13, indicates offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.

Provision (g)

	<p>Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, p. 12, indicates all treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.</p> <p>Provision (h)</p> <p>Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, Medical Staff Action, pp. 12-13, indicates a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding ongoing medical and mental health care for sexual abuse victims.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. • Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015. <p>Interviews with the following:</p> <ul style="list-style-type: none"> • Warden • PREA Compliance Manager (PCM) • Incident Review Team (IRT) <p>During the interview process the Warden:</p> <ul style="list-style-type: none"> • articulated the composition of the review team.

- provided a Sexual Abuse Incident Review Team roster for review. The roster confirmed the make-up of the Incident Review Teams is consistent with the requirements of this standard.
- expressed the facility's commitment to consider and incorporate recommendations from team members.

During the interview process, members of the sexual abuse incident review team indicated they meet within thirty days of the close of the investigation and the team considers all criteria listed in this standard, as required by PREA policy. The report from the Sexual Abuse Incident Review team is submitted to the Warden and the PCM.

During the interview process the PCM indicated the report from the Sexual Abuse Incident Review team is submitted to the PCM and the Warden. Additionally, the team confirmed they would meet within thirty days of the end of the investigation.

Provision (a)

The PAQ reflects in the past twelve months there were three criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review.

Provision (b)

The PAQ reflects in the past twelve months, there were three 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.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015, confirms the make-up of the Incident Review Teams is consistent with the requirements of this standard.

Provision (c)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. Adding the Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review. An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.

Provision (d)

According to the PAQ, there were zero sexual abuse incident reviews with recommendations for improvements in the past twelve months.

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015, indicates:

1. An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review.
2. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.
3. The unit shall implement recommendations that result from the review or document the reasons for not doing so.

Provision (e)

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents, effective July 20, 2015, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when

	<p>completing the review. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners; and the unit shall implement recommendations that result from the review or document the reasons for not doing so. Approval for any improvements must receive approval from the CDOC.</p> <p>Conclusion</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding sexual abuse incident reviews.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms • Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting, effective July 20, 2015 <p>Interviewed the following:</p> <ul style="list-style-type: none"> • PREA Unit Director/PREA Coordinator (PC) • PREA Compliance Manager (PCM)
	<p>Through the interview process the PC/PD indicated upon request, the agency would provide all data from the previous calendar year to the Department of Justice no later than June 30th.</p> <p>Through the interview process the PCM indicated the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Provision (a)</p>

The PAQ indicates the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23, A, Internal Reporting, effective July 20, 2015, indicates documentation and reporting of sexual abuse/ sexual harassment or related behavior shall be as follows:

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:

1. Substantiated Allegations
2. Unsubstantiated Allegations
3. Unfounded Allegations

This information shall also be compiled for each residential facility with which the Department contracts for the housing of inmates.

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.

Provision (b)

According to the PAQ, the agency aggregates incident-based sexual abuse data at least annually.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23, B, Internal Reporting, effective July 20, 2015, indicates 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:

1. Nonconsensual 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.

Provision (c)

According to the PAQ the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting, effective July 20, 2015 indicates 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.

Provision (d)

According to the PAQ the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting, effective July 20, 2015, indicates 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.

Provision (e)

According to the PAQ the agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23, C, Internal Reporting, effective July 20, 2015, indicates 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.

	<p>Provision (f)</p> <p>According to the PAQ the agency provides the Department of Justice with data from the previous calendar year upon request.</p> <p>Conclusion</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding Data Collection.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 • Most Recent Survey of Sexual Victimization (Form SSV-2) • Most Recent PREA Annual Data Report • Website Address for CDOC - https://portal.ct.gov/DOC/Miscellaneous/PREA <p>Interview with the following</p> <ul style="list-style-type: none"> • PREA Coordinator (PC)/PREA Director (PD) • Warden • PREA Compliance Manager (IPCM) <p>Through the interview process, the PC/PD indicated:</p> <ul style="list-style-type: none"> • the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of sexual abuse prevention, detection and response policies, practices, and training. • the agency prepares an annual report and posts the information on the website. • the only information redacted from the agency report is personal identifying information. All other information is included in the annual report. <p>Through the interview process, the Warden indicated the facility PREA committee reviews each allegation, and that information is provided to the PC/PD for the annual review.</p>

<p>Provision (a)</p> <p>Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates the PC/PD shall review data collected to assess and improve the effectiveness of appropriate CDOC policies and procedures. The PC/PD shall prepare a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparisons from the previous year's data reports.</p> <p>Provision (b)</p> <p>The Auditor reviewed the most recent PREA annual report from and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse. This annual report can be located at https://portal.ct.gov/DOC/Miscellaneous/PREA.</p> <p>Provision (c)</p> <p>As required by standard, the CDOC places all annual reports on its website, accessible for public view. https://portal.ct.gov/DOC/Miscellaneous/PREA allows access to the CDOC PREA webpage, which contains each annual report.</p> <p>Provision (d)</p> <p>The PC/PD indicated that the agency reviews data collected pursuant to 115.87 while only redacting personal identifying information. All other information is included in the annual report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding data review for corrective action.</p>	
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<p>115.89 Data storage, publication, and destruction</p>	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Information Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 <p>Interview with the following</p>
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- PREA Coordinator (PC)/PREA Director(PD)

During the interview process the PC/PD indicated:

- there are several locations where the CDOC retains data. At the local level, data is retained within a local Risk Management System and access to the system is limited to those staff with a need to know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the CDOC website for public access.
- the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information.

Provision (a)

The agency ensures that incident-based and aggregate data is securely retained.

Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. <https://portal.ct.gov/DOC/Miscellaneous/PREA>

Provision (b)

The CDOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at <https://portal.ct.gov/DOC/Miscellaneous/PREA>.

Provision (c)

The agency report reviewed by the Auditor met PREA compliance standards.

Provision (d)

Connecticut Department of Correction (CDOC), Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, indicates data shall be retained securely for ten years and criminal and administrative investigation records shall be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Auditor reviewed data from previous years, as required by the PREA compliance standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding data storage, publication, and destruction.

Auditor Overall Determination: Meets Standard
Auditor Discussion
<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Connecticut Department of Corrections publicly accessible website: https://portal.ct.gov/DOC/Org/PREA-Unit
<p>Interview with the following</p> <ul style="list-style-type: none"> • PREA Coordinator (PC) /PREA Unit Director (PD) • Inmates
<p>During the interview process the PC/ PD indicated this audit was in the first year of the new current three-year audit cycle. CDOC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p> <p>Through the interview process the inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p>
<p>Provision (a)</p>
<p>The PC/PD reported each facility within the CDOC had been audited within the previous three-year audit cycle (2019 2022).</p> <p>The current audit cycle is 2022 - 2025. Copies of all audit reports are on the CDOC website for public information and review. CDOC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: https://portal.ct.gov/DOC/Org/PREA-Unit.</p>
<p>Provision (b)</p>
<p>The Auditor learned this audit was in the second year of the new current three-year audit cycle. CDOC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p>
<p>Provision (c)</p>
<p>N/A</p>
<p>Provision (d)</p>
<p>N/A</p>
<p>Provision (e)</p>
<p>N/A</p>

	<p>Provision (f)</p> <p>N/A</p> <p>Provision (g)</p> <p>N/A</p> <p>Provision (h)</p> <p>During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit agency and facility staff were available to accompany the auditor and gave her complete access to any part of the facility she requested to see.</p> <p>Provision (i)</p> <p>At all times throughout the audit process, CDOC and the facility provided the Auditor with all requested information in a timely and complete manner.</p> <p>Provision (j)</p> <p>N/A</p> <p>Provision (k)</p> <p>N/A</p> <p>Provision (l)</p> <p>N/A</p> <p>Provision (m)</p> <p>The Auditor was provided a secure, private space to conduct all interviews during the on-site portion of the audit.</p> <p>Provision (n)</p> <p>Through the interview process inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Provision (o)</p> <p>N/A</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding frequency and scope of audits.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Information Reviewed:</p> <ul style="list-style-type: none"> • Connecticut Department of Corrections publicly accessible website: https://portal.ct.gov/DOC/Org/PREA-Unit <p>Provision (f)</p> <p>The CDOC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: https://portal.ct.gov/DOC/Org/PREA-Unit</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding audit contents and findings.</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	yes

	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.)	
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	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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	na

	facility does not have female inmates.)	
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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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	yes

	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?	
	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.)	yes
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.)	yes
	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	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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	yes

	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.)	
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	yes

	screening instrument?	
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)	no

	Whether the inmate is detained solely for civil immigration purposes?	
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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
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	yes

	present management or security problems?	
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 degree, 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 degree, 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
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	yes

	anonymous upon request?	
	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.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
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	na

	this standard.)	
	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.)	na
115.52 (d) <i>Exhaustion of administrative remedies</i>		
	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.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e) <i>Exhaustion of administrative remedies</i>		
	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.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f) <i>Exhaustion of administrative remedies</i>		

	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.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
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.)	na
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,	na

	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.)	
	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	yes

	abuse or sexual harassment or retaliation?	
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	yes

	response to an incident of sexual abuse?	
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	yes

	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?	
	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	yes

	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).)	
	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.)	yes
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	yes

	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?	
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	yes

	evidence sufficient to substantiate the allegation?	
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	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
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	yes

	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?	
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.)	yes
	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.)	na
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	Audit contents and findings	

(f)		
	<p>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.)</p>	yes