

PREA Facility Audit Report: Final

Name of Facility: Cheshire Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/27/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 06/27/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 04/09/2025

End Date of On-Site Audit: 04/11/2025

FACILITY INFORMATION

Facility name: Cheshire Correctional Institution

Facility physical address: 900 Highland Avenue , Cheshire , Connecticut - 06410

Facility mailing address:

Primary Contact

| | |
|--------------------------|---------------------|
| Name: | Lisa Distasi |
| Email Address: | lisa.distasi@ct.gov |
| Telephone Number: | 203-651-6077 |

Warden/Jail Administrator/Sheriff/Director

| | |
|--------------------------|----------------------|
| Name: | Warden Jennifer Reis |
| Email Address: | jennifer.reis@ct.gov |
| Telephone Number: | 203-651-6067 |

Facility PREA Compliance Manager

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|--------------------------|------------------------|
| Name: | Victoria Soley |
| Email Address: | Victoria.Soley@ct.gov |
| Telephone Number: | 203-651-6072 |
| Name: | Jan Kozikowski |
| Email Address: | jane.kozikowski@ct.gov |
| Telephone Number: | 203-651-6136 |
| Name: | Lisa Distasi |
| Email Address: | lisa.distasi@ct.gov |
| Telephone Number: | 203-651-6077 |

Facility Health Service Administrator On-site

| | |
|--------------------------|-------------------------|
| Name: | Nicole Hernandez |
| Email Address: | nicole.hernandez@ct.gov |
| Telephone Number: | 203-651-6179 |

Facility Characteristics

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| Designed facility capacity: | 1546 |
| Current population of facility: | 1263 |
| Average daily population for the past 12 months: | 1202 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Men/boys |
| In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5) | |
| Age range of population: | 18-80 years old |
| Facility security levels/inmate custody levels: | On 1/1/25, Level 1(20), Level 2(72), Level 3(81), Level 4(1046) |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 555 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 10 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 99 |

AGENCY INFORMATION

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| Name of agency: | Connecticut Department of Correction |
| Governing authority | |

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| 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 |

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2025-04-09 |
| 2. End date of the onsite portion of the audit: | 2025-04-11 |

Outreach

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| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
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AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 1546 |
| 15. Average daily population for the past 12 months: | 1202 |
| 16. Number of inmate/resident/detainee housing units: | 17 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 1241 |
| 19. 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: | 40 |
| 20. 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: | 20 |
| 21. 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: | 2 |
| 22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 1 |
| 23. 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: | 1 |
| 24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 25. 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: | 10 |
| 26. 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: | 4 |
| 27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 0 |
| 28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |

29. 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):

Inmate Population Characteristics

As of the first day of the on-site audit, the facility housed a demographically diverse inmate population, encompassing a wide range of ages, racial and ethnic backgrounds, and lengths of incarceration. The population also reflected a variety of medical, mental health, and behavioral health needs, including individuals with physical and cognitive disabilities, as well as those who are hearing or visually impaired.

The facility utilizes internal data systems to monitor and track individuals identified as potentially vulnerable under the Prison Rape Elimination Act (PREA). This includes incarcerated persons who identify as transgender or intersex, those with a history of sexual victimization or prior perpetration, and individuals with limited English proficiency (LEP). These systems are intended to support individualized housing, supervision, and access to services, in accordance with PREA standards.

While notable progress has been made in strengthening tracking and documentation practices for these populations, the facility continues to face challenges—particularly when capturing self-disclosed information regarding sexual orientation and gender identity during intake and screening. These difficulties often stem from individuals' understandable hesitation to disclose deeply personal information due to concerns about privacy, stigma, or mistrust regarding how the information may be handled or used.

In response, the facility is actively pursuing strategies to enhance its practices. These include improving the design and sensitivity of screening tools, offering ongoing staff training in trauma-informed interviewing techniques, and promoting a culture of safety and respect to foster greater trust and comfort among residents when sharing personal information.

Overall, the facility demonstrates a clear and sustained commitment to identifying, tracking, and protecting inmates who may be

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| | <p>particularly vulnerable to sexual abuse or harassment. Through its screening, housing, supervision, and monitoring procedures, the facility works to uphold the core PREA principles of safety, dignity, and individualized care for all incarcerated persons.</p> |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 30. 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: | 99 |
| 31. 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: | 99 |
| 32. 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: | 10 |

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| <p>33. 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> | <p>At the time of the onsite audit, the facility employed a workforce comprised of staff, volunteers, and contractors with varying levels of experience, representing a broad spectrum of ages and genders. No individuals were identified as having disabilities—such as visual impairments—or limited English proficiency that would interfere with effective communication or the ability to perform duties in alignment with PREA requirements. All personnel present during the audit had completed the PREA training mandated for their specific positions and responsibilities. The facility reported no issues related to the identification, documentation, or accommodation of any staff, volunteer, or contractor characteristics that would impact PREA compliance. The agency demonstrated consistent adherence to policies that ensure all personnel are equipped to support a safe and responsive environment in accordance with the PREA standards.</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>20</p> |

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| <p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
| <p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>To promote geographic representation among those selected for interviews, inmates were chosen from a broad range of housing locations within the facility. This included individuals assigned to different custody levels, living units, and dormitory-style settings, where applicable. The auditor worked closely with facility staff to review the most current facility map and population list. Using this information, a stratified random sampling method was applied to ensure a diverse and balanced pool of interviewees. This process ensured that individuals selected for interviews reflected the overall population distribution and were not disproportionately drawn from any single unit or housing area.</p> |
| <p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

38. 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):

At the time of the on-site audit, the facility housed a total of 1,241 incarcerated individuals. In accordance with the PREA Auditor Handbook, a facility of this size is required to conduct at least fifteen random inmate interviews, in addition to fifteen targeted interviews, to ensure a comprehensive evaluation of PREA compliance and institutional practices related to sexual safety.

Facility staff provided updated, alphabetized housing rosters to assist with the selection process. The Auditor used these rosters to randomly select interviewees from a range of housing units and custody levels, while also striving for demographic diversity based on race, ethnicity, age, housing location, and length of incarceration. This process ensured that the interview pool reflected a cross-section of the overall population.

In addition to formal interviews, the Auditor engaged in informal conversations with incarcerated individuals encountered throughout the facility tour. These spontaneous discussions occurred in common spaces such as dayrooms, program areas, and hallways. Residents were invited to share their thoughts and personal experiences related to PREA, including:

- Their understanding of reporting procedures,
- Interactions with staff,
- Access to support services, and
- General feelings of safety within the facility.

These informal exchanges offered valuable context and either corroborated or added nuance to the feedback gathered during the structured interviews.

Each formal interview began with the Auditor providing a clear introduction, outlining her certification and role as a PREA Auditor, and explaining the purpose and voluntary nature of the interview. Residents were assured of confidentiality, and it was emphasized that they could decline to participate or withdraw

at any time without consequence. Only after receiving verbal consent did the interviews proceed.

All seventeen individuals selected for random interviews agreed to participate and were cooperative, respectful, and forthcoming. The interviews followed the standardized PREA interview protocol, and the Auditor documented responses manually to ensure consistency and accuracy.

Feedback from these interviews revealed that the majority of residents were well-informed about the facility's PREA policies. Common themes included:

- Awareness of the zero-tolerance policy toward sexual abuse and harassment;
- Knowledge of multiple, accessible ways to report, including anonymous and third-party options;
- Understanding of the facility's commitment to protecting individuals from retaliation;
- Confidence in access to medical, mental health, and advocacy services in the event of a report.

None of the individuals interviewed reported having experienced or witnessed sexual abuse or harassment at the facility, and all expressed feeling safe at the time of their interviews. Several residents noted ongoing efforts by the facility to educate them about PREA and foster a culture where safety is prioritized.

By combining formal interviews with informal conversations, the Auditor gained a well-rounded understanding of the facility's climate regarding sexual safety. This approach reinforced the facility's apparent dedication to transparency, accountability, and PREA compliance, while promoting a safe, respectful, and supportive environment for all incarcerated persons.

Targeted Inmate/Resident/Detainee Interviews

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| 39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 20 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 10 |
| 41. 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: | 12 |
| 42. 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 |
| 43. 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 |

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| 44. 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: | 1 |
| 45. 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: | 0 |
| 45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div data-bbox="817 712 1469 869"> <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. </div> <div data-bbox="817 920 1469 996"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |

45. 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).

As part of the audit process, the Auditor employed a multi-faceted approach to determine whether a population of individuals who identify as gay or bisexual exists within the facility. This strategy aligns with the PREA Auditor Handbook and ensures that all populations potentially vulnerable to sexual abuse are appropriately considered during the compliance assessment.

1. Review of the Pre-Audit Questionnaire (PAQ):

The Auditor began by examining the information submitted in the Pre-Audit Questionnaire. The PAQ includes demographic data as well as screening information that addresses sexual orientation and gender identity as part of the facility's intake and classification procedures. The PAQ confirmed that the facility conducts risk screening upon intake to identify residents who may be at risk for sexual victimization, including those who identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.

2. Staff Interviews:

The Auditor conducted interviews with intake, classification, and housing staff to determine how information related to sexual orientation is collected, protected, and used to inform placement decisions. Staff members demonstrated an understanding of the importance of identifying and supporting individuals who identify as gay or bisexual. Staff affirmed that such individuals are not housed solely based on identity, but that their self-identification, along with other relevant factors such as risk level and vulnerability, are considered when making housing and program assignments.

3. Inmate Interviews (Random and Targeted):

Through both random and targeted interviews with inmates, the Auditor was able to gather additional insight into the presence and treatment of gay or bisexual residents. Several residents acknowledged that individuals who identify as gay or bisexual are

housed in the facility and indicated that these individuals are generally treated with respect by staff and peers. No reports of mistreatment, abuse, or neglect related to sexual orientation were disclosed during the interviews. Interviewees were also able to articulate the facility's zero-tolerance policy and available methods for reporting abuse or harassment, including those related to sexual orientation.

4. Observations During Facility Tour:

While touring housing units, common areas, and program spaces, the Auditor engaged in informal conversations with residents and staff. These interactions supported the information gathered through interviews and documentation review. The facility's culture appeared to be generally respectful and inclusive, with no observed behaviors or environmental indicators suggesting discrimination or harassment based on sexual orientation.

Conclusion:

Based on a comprehensive review of the PAQ, intake screening documents, staff and inmate interviews, and onsite observations, the Auditor was able to confirm the presence of individuals who identify as gay or bisexual within the facility. The facility has implemented appropriate screening, classification, and housing practices that account for the needs and safety of this population, in compliance with PREA standards. These corroboration strategies provide a clear and reliable basis for assessing how the facility identifies, accommodates, and protects inmates who may be more vulnerable to sexual abuse due to their sexual orientation.

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| 46. 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: | 2 |
| 47. 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: | 2 |
| 48. 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: | 0 |
| 48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div data-bbox="818 1003 1469 1294"> <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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |

48. 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).

To assess whether a disclosed victimization population exists within the audited facility, the Auditor employed a multi-faceted corroboration strategy consistent with PREA auditing standards. This approach involved triangulating information obtained from various sources, including the Pre-Audit Questionnaire (PAQ), supporting documentation, on-site observations, and interviews with both staff and incarcerated individuals.

1. Review of the Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The Auditor began by thoroughly analyzing the PAQ, which includes self-reported data from the facility regarding:

The number and nature of sexual abuse and harassment allegations over the past 12 months;

- Demographics and classification data related to vulnerable populations (e.g., individuals with a history of prior sexual victimization, those who identify as LGBTQI+, or those with disabilities);
- Screening outcomes from PREA Risk Assessments;
- Records of inmate education and access to reporting mechanisms.
- This foundational data helped identify potential indicators of a victimization population and informed targeted lines of inquiry to pursue during the onsite audit.

2. Review of Inmate and Investigative Records

The Auditor examined:

Inmate risk screening forms to verify if disclosures of past sexual victimization or perpetration were documented and appropriately followed up with by mental health or classification staff.

PREA investigation files related to allegations of sexual abuse or harassment to identify whether there were substantiated incidents or patterns that would indicate the presence of a

vulnerable or victimized group.

Mental health and medical logs, where accessible, to identify individuals who received trauma-related services that could be connected to disclosed victimization. These records were cross-referenced to determine if disclosed vulnerabilities aligned with facility responses and services.

3. Interviews with Staff and Incarcerated Individuals

The Auditor conducted formal and informal interviews with:

Random and targeted inmates, including individuals identified as transgender, intersex, youthful, LEP, or disabled, as well as those who had screened positive for prior sexual victimization or high risk of perpetration;

Mental health, medical, and case management staff, to assess whether disclosures of past victimization are documented, tracked, and responded to in a trauma-informed and confidential manner;

Intake and classification staff, to evaluate how disclosure information is used to guide housing and program decisions;

Security staff and supervisors, to determine awareness of vulnerable residents and how supervision is adapted to mitigate risk.

These conversations provided context to the documentation and often confirmed the existence—or absence—of disclosed victimization histories among residents.

4. On-Site Observations

The Auditor made direct observations during facility tours, noting:

Whether individuals identified as particularly vulnerable were housed appropriately and in accordance with PREA's requirements (e.g., not being isolated without justification);

If signage, access to reporting tools (phones, grievance forms), and staff presence reflected a proactive sexual safety culture;

Any visible signs of trauma or distress among the population that might prompt additional review.

5. Consistency and Discrepancy Analysis
Throughout the audit process, the Auditor

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| | <p>continually cross-verified information from various sources to detect consistencies or discrepancies that would support or call into question the presence of a disclosed victimization population. For example: If the PAQ listed a low number of disclosed prior victimizations, but interviews or risk screenings indicated more, the Auditor probed further for underreporting or documentation issues.</p> <p>Conversely, if documentation suggested a victimized population but no related services were being delivered, the Auditor investigated why that gap existed.</p> <p><u>Conclusion</u></p> <p>By employing a layered corroboration strategy that included data analysis, record review, interview triangulation, and on-site observation, the Auditor was able to make a well-supported determination regarding the existence of a disclosed victimization population within the facility. This process ensured that disclosures were not only documented, but appropriately addressed in ways that align with the facility's obligations under PREA standards.</p> |
| <p>49. 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>49. 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> |

49. 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).

To evaluate whether any individuals currently incarcerated at the facility had been placed in segregated housing or subject to administrative separation due to information obtained through PREA risk screenings or incidents, the Auditor conducted a comprehensive examination of relevant documentation and operational practices. This included an in-depth review of classification records, housing logs, and PREA-related screening forms to identify any instances where placement decisions may have been influenced by a resident's risk of sexual victimization, abusiveness, or involvement in a PREA investigation.

Interviews were held with the Facility Head, PREA Compliance Manager (PCM), and staff responsible for classification and housing decisions. These interviews focused on determining whether any resident had been removed from the general population and placed in restrictive housing for their protection or due to their involvement—as either an alleged victim or perpetrator—in a sexual abuse allegation or investigation. The Auditor specifically examined whether the facility had used involuntary segregation as a protective measure when no immediate alternative housing option was available. In accordance with PREA Standard §115.43, the facility's policy explicitly limits the use of segregated or restrictive housing for PREA-related reasons. When such placements are deemed absolutely necessary, the policy requires that:

- The facility document the basis for the decision;
- The placement be reviewed at regular intervals;
- The individual continues to receive access to programs, education, and services to the fullest extent possible;
- Alternatives be continuously explored to reduce reliance on restrictive conditions.

Following a detailed review of all available

records and in-depth discussions with facility personnel, the Auditor found no evidence that any incarcerated individual was currently housed in segregation or had been placed in involuntary separation due to PREA-related risk assessments or incidents. Furthermore, staff confirmed that no such placements had occurred during the preceding 12-month period.

The facility demonstrated a clear commitment to the principles outlined in the PREA standards by prioritizing the least restrictive means of managing residents identified as vulnerable or high-risk. Housing, classification, and program access decisions were consistently made in a manner that balanced resident safety with the preservation of individual rights and access to facility services and opportunities.

This finding reflects the facility's adherence to best practices in managing residents identified through the PREA screening process and underscores its efforts to avoid the use of segregation except as a last resort, in alignment with federal guidance.

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):

Targeted Inmate Interviews – Vulnerable and High-Risk Populations

As part of the in-depth PREA audit process, the Auditor formally requested and received from facility staff a comprehensive roster of incarcerated individuals who met the criteria for targeted interviews, as defined by the PREA Audit Instrument. This list identified individuals considered part of vulnerable or high-risk populations within the facility, such as those with disabilities, who identify as LGBTQIA+, who are youthful, or who have experienced prior victimization.

Given the relatively limited number of individuals meeting these criteria, the Auditor made the decision to interview each person listed on the roster. This approach ensured complete representation of these populations and allowed for a deeper understanding of their experiences and perceptions of safety within the facility.

Each interview began with the Auditor introducing herself and clearly explaining her role as a Department of Justice–certified PREA Auditor. The purpose of the audit was outlined in accessible terms, with an emphasis on evaluating the facility’s compliance with PREA standards. Individuals were informed that confidential interviews with residents from various backgrounds were a crucial component of the assessment process.

Incarcerated individuals were assured that participation was voluntary, and that they had the right to decline to answer questions or end the interview at any time without fear of retaliation or disciplinary action. Prior to beginning each interview, the Auditor obtained verbal consent, reinforcing that the process was grounded in respect, dignity, and free choice.

All interviews were conducted using the standardized PREA audit interview protocols. Each conversation began with general, rapport-building questions to create a comfortable setting, before moving into areas specific to the individual’s identified risk group. The Auditor carefully documented

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| | <p>responses in real time on the official protocol forms, ensuring consistency, accuracy, and the integrity of the audit process.</p> <p>Across the board, interviewees were candid, respectful, and thoughtful in their responses. When asked about their personal safety, all reported feeling safe from sexual abuse and harassment at the time of the interview. No concerns or allegations were disclosed regarding staff or peer behavior. Several individuals expressed appreciation for the confidential setting and the opportunity to have their voices heard, noting that the process made them feel acknowledged and respected.</p> <p>The insights gained through these targeted interviews offered valuable confirmation of the facility's commitment to protecting vulnerable populations. The respectful, professional manner in which individuals were treated—and their reported sense of safety—reinforced a facility culture grounded in dignity, accountability, and adherence to the principles of the Prison Rape Elimination Act.</p> |
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

| | |
|---|---|
| 51. Enter the total number of RANDOM STAFF who were interviewed: | 19 |
| 52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |

53. Were you able to conduct the minimum number of RANDOM STAFF interviews?

☒ Yes

☐ No

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

Random Staff Interviews and Informal Engagements

To obtain a balanced view of general staff knowledge and facility practices related to PREA, the Auditor conducted interviews with randomly selected staff who were not pre-identified as specialized interviewees. These individuals were chosen from the pool of on-duty personnel present during the audit, ensuring a broad and impartial representation of frontline staff perspectives.

During the facility tour, the Auditor engaged in multiple informal conversations with staff stationed across a variety of posts and operational areas. These casual, yet insightful, discussions centered on topics such as sexual safety, PREA training, reporting procedures, staff-resident interactions, and the facility's strategies for preventing and responding to sexual abuse and harassment. These interactions served to supplement and cross-validate information obtained through formal interviews and documentation.

A total of 19 formal interviews were completed with randomly selected staff. Although the audit announcement had been publicly posted in compliance with PREA guidelines, no staff members submitted comments or concerns—verbally or in writing—before or during the audit.

At the start of each interview, the Auditor introduced herself, explained the scope and purpose of the PREA audit, and outlined the voluntary nature of participation. Staff were informed that their insights were welcome but not required, and all were asked if they were willing to participate. Upon receiving affirmative responses, the Auditor proceeded using the standardized PREA interview protocols.

All 19 randomly selected staff agreed to participate willingly and without hesitation. Responses were documented in real-time using the official PREA interview forms. At no point did any staff member raise concerns that would necessitate deviation from the established interview process.

| | |
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| | <p>Interview responses reflected a strong and consistent understanding of the facility's zero-tolerance policy toward sexual abuse and harassment. Staff were well-informed about the various methods available for reporting allegations—both for residents and employees—including verbal, written, and third-party channels. Every interviewee confirmed that they would accept a verbal report from a resident and understood their responsibility to act on it immediately. Staff also demonstrated awareness of the facility's commitment to protecting individuals from retaliation and expressed confidence in the agency's serious and appropriate handling of PREA-related issues.</p> <p>Taken together, these interviews and informal exchanges offered meaningful insight into the everyday application of PREA standards and confirmed that the facility maintains a culture that prioritizes sexual safety, accountability, and staff responsiveness.</p> |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| <p>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.</p> | |
| 55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 18 |
| 56. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

| | |
|--|--|
| 58. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 59. 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) |

60. 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 |
| 61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 61. Enter the total number of VOLUNTEERS who were interviewed: | 1 |
| 61. 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 |
| 62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 62. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| 62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |

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

Using the facility's roster of specialized staff, the Auditor was able to select individuals for interviews in alignment with the specific PREA standards and protocols relevant to their assigned duties. Each specialized staff member interviewed responded to questions tailored to their designated roles and responsibilities, as outlined in the Department of Justice's PREA interview protocols. Due to the relatively small size of the staff, it was noted that many individuals hold multiple responsibilities within the facility. As a result, several staff members were interviewed under more than one protocol to ensure all applicable responsibilities were addressed. During these interviews, the Auditor gained a comprehensive understanding of the multiple avenues available for reporting allegations of sexual abuse or sexual harassment. Staff reported that PREA-related investigations can be initiated through various channels. These include:

Confidential letters mailed outside the facility,
Direct contact with the PREA Coordinator or PREA Director,

Written notes handed to trusted staff members,

Verbal reports made to staff, and

Third-party reports submitted by individuals outside the facility.

In addition to these methods, both inmates and staff may submit concerns or allegations by writing a note, letter, or other form of correspondence and depositing it in one of the locked boxes designated for inmate communication. These boxes are strategically located throughout the facility and include those designated for grievances, general correspondence, and legal mail.

Staff confirmed that if PREA-related correspondence is found in any of these receptacles—including the grievance box, legal mail box, or general mailbox—it is immediately forwarded to the PREA Compliance Manager. Upon receipt, the Compliance Manager documents the communication and ensures that it is

addressed promptly and in accordance with all applicable PREA standards and agency policies.

This multi-faceted reporting structure supports a facility-wide commitment to ensuring accessible, confidential, and timely avenues for reporting and addressing allegations of sexual abuse or harassment.

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.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. 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)?

☒ Yes

☐ No

66. 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)?

☒ Yes

☐ No

| | |
|--|--|
| 67. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 68. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The on-site review of the facility was conducted in a thorough and systematic manner, with the full cooperation of facility leadership and staff. The Auditor was granted unrestricted access to all areas of the institution, including housing units, intake and medical areas, mental health offices, program spaces, recreational yards, administrative offices, kitchens, storage rooms, and other operational areas. At no time were access limitations imposed, and staff were consistently available to answer questions or provide clarification during the tour. Throughout the site review, the Auditor made detailed observations related to physical plant design, camera placement and blind spots, staff supervision patterns, availability of PREA-related signage, and the accessibility of reporting tools such as phones, grievance forms, and locked drop boxes. Special attention was paid to identifying areas that might present increased risk for sexual victimization due to limited visibility or infrequent staff presence.

The Auditor also conducted informal functional tests of key PREA-related systems, such as dialing the external sexual abuse reporting hotline from inmate phones and verifying the presence and legibility of PREA posters and informational materials in multiple languages. These spot checks helped confirm that critical reporting mechanisms were operational, visible, and understood by the population.

During the walkthrough, the Auditor engaged in spontaneous, informal conversations with both staff and incarcerated individuals across multiple posts and housing units. These discussions provided valuable insight into the day-to-day implementation of PREA policies and practices and supplemented formal interviews by offering unfiltered perspectives on topics such as staff responsiveness, safety concerns, access to medical and mental health care, and the general culture surrounding sexual safety in the facility. The site review confirmed that the facility has

made significant efforts to comply with PREA standards through infrastructure design, staff training, and the promotion of a safe and respectful environment. Observations made during the tour were consistent with documentation and interviews, reinforcing confidence in the facility's commitment to sexual safety and PREA compliance.

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.

70. 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

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

Personnel and Training File Review

According to the Pre-Audit Questionnaire (PAQ), the facility employs a total of 555 staff members. As part of the compliance review, the Auditor conducted a comprehensive examination of both personnel files and training records to evaluate the agency's adherence to PREA training and hiring standards.

PREA Training and Education for Staff

The Auditor reviewed all 555 personnel files to assess compliance with staff PREA education requirements. Each file contained documentation confirming that the staff member had successfully completed PREA training within the previous 12 months—resulting in 100% compliance with this requirement.

The training included, but was not limited to:
The agency's zero-tolerance policy toward sexual abuse and sexual harassment;
Staff responsibilities in prevention, detection, reporting, and response;

Procedures for maintaining safety and confidentiality during and after incidents;
Strategies for maintaining professional boundaries and recognizing red flags.

Criminal Background Checks

A review of 50 randomly selected criminal background check files was conducted to verify compliance with hiring and retention standards. All background checks were:

Current and complete;

Conducted in accordance with CDOC policy;
and

Compliant with the PREA requirement to perform background checks at hiring and at a minimum of every five years thereafter, or as outlined by agency procedures.

Administrative Adjudication Disclosures

Fifty (50) personnel files were reviewed to confirm whether staff had completed the PREA-mandated administrative adjudication questions, which ask about:

Previous substantiated allegations of sexual abuse;

Any resignation during a pending

investigation;

Previous terminations for sexual abuse or harassment.

All 50 files contained documented and completed responses to these questions, reflecting full compliance with this portion of the PREA standard.

Inmate Records Review

At the time of the on-site audit, the facility housed 1,241 incarcerated individuals. The Auditor reviewed a sample of inmate records to assess compliance with PREA standards related to risk screening and education.

PREA Risk Screening – Initial and 30-Day Reassessment

A total of 44 inmate records were examined to verify compliance with risk screening requirements:

Each file confirmed that an initial screening was conducted within 72 hours of arrival;

A follow-up reassessment was completed within 30 days, in accordance with PREA Standard §115.41.

This indicates 100% compliance with both initial and reassessment timelines for risk screening.

PREA Education for Incarcerated Individuals

The Auditor reviewed 49 inmate records to assess whether individuals received PREA education upon admission. All files documented that each person had received comprehensive education covering:

The facility's zero-tolerance policy;

Methods to report sexual abuse or harassment;

Support services available to victims.

This review yielded 100% compliance with PREA education requirements for incarcerated individuals.

Review of Allegations – Sexual Abuse and Sexual Harassment

According to data provided in the PAQ and verified during the audit, the facility reported: Five (5) allegations of sexual abuse, and

Three (3) allegations of sexual harassment during the past 12-month period.

Investigative File Review Process

All investigative files were submitted for review and assessed using the PREA Audit

Investigative Records Review Tool. The

Auditor examined the following

documentation within each file:

- Case identification number and date of the allegation;
- Date of investigation initiation;
- Type of allegation (staff-on-inmate or inmate-on-inmate);
- Final disposition (substantiated, unsubstantiated, unfounded, or open);
- Justification for disposition;
- Investigating officers' names;
- Documentation of victim notification; and
- Confirmation of Sexual Abuse Incident Reviews (SAIRs) where applicable.
- Sexual Abuse Allegations

All 5 sexual abuse allegations involved inmate-on-inmate conduct.

- 0 substantiated
- 2 unsubstantiated
- 0 unfounded
- 3 remained open at the time of the audit
- 4 were referred for criminal investigation
- 0 were referred for prosecution
- 0 cases involved staff-on-inmate allegations.

No SANE (forensic medical) exams were conducted during the reporting period.

All substantiated and unsubstantiated cases underwent SAIRs, in accordance with PREA standards. Unfounded cases were appropriately excluded from this requirement.

Sexual Harassment Allegations

All 3 harassment allegations involved inmate-on-inmate conduct:

1 unfounded

1 unsubstantiated

1 remained open at the time of the audit

All were administratively investigated, and none were referred for criminal investigation.

Victim Services and Notifications

In all sexual abuse cases, alleged victims were offered medical and mental health support services. Each file included evidence of timely and appropriate notification of investigative outcomes to the individual involved, consistent with PREA Standard §115.73.

Audit Sample and Observations

The Auditor conducted a detailed review of all 6 sexual abuse and 3 sexual harassment investigative files. Investigations were found to be timely, professionally handled, and properly documented. Dispositions were well justified, and there was consistency in how cases were tracked, followed up on, and closed.

General Observations

Throughout the on-site audit, the facility exhibited a culture of professionalism, respect, and accountability. Staff engaged with the audit process in a cooperative and transparent manner. Interactions among staff and with the audit team reflected a high level of PREA knowledge and a clear understanding of their duties related to sexual safety, reporting responsibilities, and victim support. The facility's systems, training, and practices reflect a sincere and well-established commitment to the prevention, detection, and response to sexual abuse and harassment within the correctional setting.

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.

72. 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 | 5 | 4 | 5 | 4 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 5 | 4 | 5 | 4 |

73. 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 | 3 | 0 | 3 | 0 |
| Total | 3 | 0 | 3 | 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.

74. 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 | 3 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 3 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 3 | 0 | 2 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 3 | 0 | 2 | 0 |

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.

76. 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 |

77. 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 | 1 | 1 | 1 | 0 |
| Total | 1 | 1 | 1 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

5

| | |
|--|--|
| 79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <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) |
| Inmate-on-inmate sexual abuse investigation files | |
| 80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 5 |
| 81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <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) |
| 82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files) |

| | |
|---|---|
| 85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative 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 abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 3 |
| 87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <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) |
| Inmate-on-inmate sexual harassment investigation files | |
| 88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 inmate-on-inmate sexual harassment investigation files) |
| 90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <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) |

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

3

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

INVESTIGATIVE FILE REVIEW

Assessment of Facility Compliance with PREA Standards on Investigations of Sexual Abuse and Sexual Harassment Allegations

To assess the facility's adherence to PREA standards concerning the investigation of sexual abuse and sexual harassment allegations, the Auditor conducted a comprehensive review of investigative documentation. Investigative files were selected based on the total number of reported incidents identified in the Pre-Audit Questionnaire (PAQ) and confirmed during the onsite portion of the audit.

The facility provided the Auditor with full and unrestricted access to all investigative files requested, encompassing 100% of the sexual abuse and sexual harassment allegations reported during the prior twelve-month reporting period. This transparency demonstrated the facility's willingness to support a thorough and impartial audit process.

In accordance with PREA auditing methodology, particular emphasis was placed on sexual abuse investigations due to the more significant procedural requirements and the heightened seriousness of these allegations. All six (6) sexual abuse investigative files from the review period were examined in detail.

Additionally, the Auditor reviewed the three (3) investigative files related to allegations of sexual harassment. While such cases typically involve different procedural thresholds, their inclusion in the review was critical in evaluating the consistency of the facility's investigative practices and its commitment to responding appropriately to all forms of sexual misconduct.

The PREA Audit Investigative Records Review Tool was employed throughout the assessment to guide a uniform and objective evaluation of each case. This tool ensured a structured analysis across all files and facilitated an evidence-based determination of compliance. Areas of focus included:

Timeliness and completeness of the investigative process;

- Thorough documentation of all relevant witness and subject interviews, evidence collection, and investigative steps;
- Clear articulation of the rationale supporting each case determination (substantiated, unsubstantiated, or unfounded);
- Verification of notifications to the individual who reported the incident or was identified as the victim, in accordance with PREA Standard §115.73;
- Appropriate referral of cases for either administrative or criminal investigation, as warranted;
- Inclusion of Sexual Abuse Incident Reviews (SAIRs) in applicable cases, with documented outcomes and action items;
- Corrective actions or follow-up measures implemented when policy or practice issues were identified.

The Auditor's review went beyond procedural compliance and also examined whether the investigative process supported the safety, dignity, and well-being of the individuals involved. Attention was given to confidentiality practices, the accessibility of victim support services, and the responsiveness of facility leadership in taking meaningful steps to prevent recurrence. Where SAIRs were required, the documentation reflected thoughtful multidisciplinary review, timely completion, and clear tracking of recommendations and follow-through. These reviews provided an added layer of institutional accountability and demonstrated an orientation toward ongoing quality improvement.

All investigative files presented were well-organized, complete, and reflected alignment with CDOC policy and PREA standards. The consistency in investigative quality across

both abuse and harassment allegations illustrated a facility culture that prioritizes professionalism, victim-centered responses, and organizational integrity when addressing sexual misconduct. The findings affirm the facility's structured and policy-driven approach to investigations and suggest a well-established commitment to PREA compliance and continuous improvement.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. 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.

☐ Yes
☒ No

Non-certified Support Staff

96. 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

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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

M.P. Wheeler and Associates

| Standards | |
|--|--|
| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) | |
| Auditor Discussion Instructions | |
| <p>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.</p> | |

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS REVIEWED</u></p> <p>To evaluate compliance with PREA Standard §115.11, the Auditor examined a comprehensive set of documents, including:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) along with all accompanying materials 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 (19 pages) 3. CDOC Family and Friends Handbook, dated June 26, 2013 4. PREA Employee Training Curriculum, including presentation slides and staff sign-in sheets 5. CDOC Inmate Handbook 6. CDOC Agency-Level Organizational Chart 7. CDOC Facility-Level (Institutional) Organizational Chart |

INTERVIEWS CONDUCTED

Institutional PREA Compliance Manager (IPCM):

The IPCM confirmed that they are allocated the time, authority, and institutional resources necessary to fulfill their responsibilities regarding PREA compliance. Their duties include oversight of standard implementation within the facility and coordination of any required corrective measures.

Agency PREA Director (PD):

The PREA Director reported that the position is full-time. The PD is responsible for agency-wide compliance with the PREA standards, affirming that Institutional PREA Compliance Managers (IPCMs) are empowered to implement PREA provisions and initiate any necessary compliance-related actions. Additionally, stating that executive-level support and direct access to leadership, allows effective performance of oversight functions.

STANDARD PROVISIONS

Provision (a): Zero Tolerance Toward Sexual Abuse and Harassment

The PAQ confirmed that the facility maintains a robust zero-tolerance policy addressing all forms of sexual abuse and sexual harassment. This policy applies uniformly to staff, incarcerated individuals, volunteers, contractors, and all other external entities operating within the institution.

The zero-tolerance stance is formally documented in CDOC Administrative Directive 6.12, which outlines specific procedures for preventing, detecting, reporting, investigating, and responding to incidents. The directive includes clear definitions of prohibited conduct and establishes corresponding disciplinary actions for substantiated violations.

Policy review findings affirmed that CDOC has developed a detailed and enforceable framework that supports a system-wide commitment to sexual safety, aligning with PREA requirements and promoting a culture of accountability and respect.

Provision (b): Appointment of an Agency-Wide PREA Coordinator

In accordance with Administrative Directive 6.12, the CDOC Commissioner appoints a PREA Coordinator—also referred to as the PREA Unit Director—who operates at the executive leadership level. This organizational structure was validated by the agency's official organizational chart.

Through documentation and interviews, the Auditor confirmed that the PREA Director holds a full-time position dedicated solely to overseeing PREA compliance. The Director has direct reporting access to agency leadership and sufficient authority to monitor implementation and maintain accountability across all CDOC facilities.

Provision (c): Facility-Level PREA Compliance Managers

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| | <p>Administrative Directive 6.12 requires each facility to designate a PREA Compliance Manager (PCM) who reports directly to the Deputy Warden. This requirement ensures that each institution maintains localized oversight of PREA compliance efforts.</p> <p>Review of the institutional organizational chart corroborated this structure. Interviews with both the IPCM and the PD confirmed that the PCM is actively responsible for managing the facility’s PREA program. Responsibilities include ensuring staff training, preparing for audits, tracking compliance, and addressing any deficiencies through corrective action plans.</p> <p>This dual-level structure—consisting of centralized leadership and decentralized compliance oversight—demonstrates CDOC’s strong organizational commitment to sustaining compliance and maintaining a safe environment across all operational levels.</p> <p><u>CONCLUSION</u></p> <p>Based on the review of the Pre-Audit Questionnaire, applicable policies and procedures, organizational charts, and interviews with key personnel, the Auditor finds the Connecticut Department of Correction to be in full compliance with PREA Standard §115.11 – Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.</p> |
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| 115.12 | Contracting with other entities for the confinement of inmates |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To assess compliance with PREA Standard §115.12, the Auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all related documentation provided by the agency. Particular emphasis was placed on contractual policies and procedures governing agreements with external agencies responsible for inmate confinement.</p> <p>Among the core documents reviewed was the Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. This directive establishes expectations for preventing, detecting, and responding to sexual abuse and harassment across all settings, including contracted facilities. Notably, page 4 under the “Community Confinement” section directly references PREA Standard §115.12 and mandates that all new or renewed contracts include provisions requiring full adherence to CDOC policies, inclusive of PREA compliance.</p> <p>The reviewed materials confirm that CDOC employs a structured, system-wide</p> |

approach to ensuring contracted entities fully integrate and implement PREA standards as a condition of their operational agreements.

INTERVIEW

Agency Contract Administrator

During the interview, the Contract Administrator confirmed that PREA compliance is a non-negotiable requirement for any contract involving the housing of CDOC inmates. The administrator explained that no agreement is finalized unless the prospective contractor demonstrates an ability to meet all PREA requirements. This applies uniformly to private vendors and governmental agencies alike.

All contracts include language specifically mandating adherence to PREA standards. Contractors who cannot demonstrate compliance are excluded from consideration. Oversight responsibilities fall to CDOC contract managers, who monitor adherence to all terms and conditions, including those related to PREA.

The administrator also noted that contractors are required to promptly report any allegations of sexual abuse or harassment to CDOC. They must also provide documentation of investigative procedures and findings. This ensures centralized tracking and oversight by CDOC, even when confinement occurs in externally operated facilities.

PROVISIONS

Provision (a)

The documentation and PAQ clearly establish that CDOC mandates full PREA compliance for all contracted confinement facilities. PREA-specific clauses are embedded in all relevant contracts, outlining contractor obligations and required standards for prevention, response, and accountability.

As affirmed during the interview, individual facilities do not independently contract for inmate housing. All contractual arrangements are managed at the agency level. CDOC Administrative Directive 6.12, specifically the "Community Confinement" section, explicitly requires that contracts include language compelling the contractor to follow all applicable CDOC policies and procedures, including those related to PREA.

Compliance oversight is maintained through CDOC-assigned contract managers. These individuals are responsible for verifying that each contract remains in good standing and that all PREA-related requirements are met throughout the duration of the agreement. Any failure to comply may result in disqualification, contract denial, or termination.

Provision (b)

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| | <p>The Contract Administrator confirmed that before any contract is approved, the agency conducts a detailed review of the prospective contractor's internal policies and procedures to ensure alignment with federal PREA standards. This pre-approval process verifies that contractors have established adequate mechanisms for preventing, detecting, and responding to sexual abuse and harassment.</p> <p>Additionally, contractors are required to report all PREA-related allegations directly to CDOC. Full documentation, including investigative steps and outcomes, must be submitted to the CDOC PREA Coordinator. This protocol ensures that CDOC maintains oversight and accountability for all sexual safety incidents, regardless of facility ownership or management structure.</p> <p><u>CONCLUSION</u></p> <p>Following a thorough review of agency documentation, policies, and the interview with the Contract Administrator, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.12 – Contracting with Other Entities for the Confinement of Inmates.</p> <p>CDOC has established clear, enforceable procedures to ensure that all contracted facilities meet PREA obligations. The inclusion of PREA-specific contract language, along with active monitoring and centralized oversight, reflects a strong institutional commitment to ensuring sexual safety across all environments where inmates are housed.</p> |
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| 115.13 | Supervision and monitoring |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To assess compliance with PREA Standard §115.13, the Auditor conducted a comprehensive review of agency materials related to staffing, supervision, and monitoring. Key documents included:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and associated supporting documentation 2. CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (effective July 20, 2015) 3. Directive 6.12, Section 4 – Staffing Plan, addressing coverage expectations and integration of video monitoring 4. Directive 6.12, Section 13 – Staff Monitoring and Intervention, outlining unannounced supervisory rounds and accountability mechanisms |

5. Administrative Directive 2.15 – Hazardous Duty Staff Deployment, Section 5, defining minimum staffing requirements
6. Administrative Directive 6.1 – Tours and Inspections, Sections 4 and 5, covering routine supervision protocols
7. Facility-specific post plans detailing staff deployment across operational areas
8. Housing unit logbooks documenting supervisory rounds conducted without advance notice

This documentation was analyzed to determine whether the facility maintains appropriate staffing levels, utilizes surveillance technology effectively, and employs supervisory strategies that support a PREA-compliant environment.

INTERVIEWS

Interviews with a cross-section of facility staff and incarcerated individuals provided additional context and validation of observed practices:

Facility Head:

Described the facility's staffing and supervision framework, emphasizing how staffing levels and facility layout influence safety and access to programming. The administrator discussed how video monitoring and institutional population characteristics inform deployment strategies.

Institutional PREA Compliance Manager (IPCM):

Highlighted the importance of adequate staffing and confirmed regular review and adjustment of staffing plans. The IPCM also noted ongoing evaluation and upgrades of video surveillance systems to support safety objectives.

Mid-Level Supervisory Personnel:

Confirmed compliance with CDOC policies requiring unannounced supervisory rounds on every shift. Supervisors understood that advance notice is prohibited unless necessary for safety, and violations are subject to formal disciplinary action.

Random Staff:

Reported that unannounced rounds are conducted consistently and without prior warning. Staff demonstrated awareness of the purpose of these rounds in deterring and identifying sexual abuse and maintaining a secure environment.

Random Incarcerated Individuals:

Reported that supervisors and the IPCM are regularly present in housing areas and accessible. Many participants expressed that this visibility contributes to a greater sense of safety and accountability.

PROVISIONS

Provision (a): Staffing Plan

The facility maintains a comprehensive staffing plan that addresses all required elements of the standard, including institutional layout, population characteristics, historical incident data, staffing patterns, and surveillance capabilities. The current plan is based on an average daily population of 1,192 individuals.

According to Section 4 of Administrative Directive 6.12, the plan:

- Establishes adequate staffing and surveillance coverage;
- Requires documentation of any deviations from the plan;
- Is subject to annual review in collaboration with the PREA Coordinator and facility leadership;
- Reflects the physical environment, operational needs, and facility-specific considerations.

The Auditor reviewed the most recent Annual Staffing Plan Review, which was found to be detailed, data-driven, and used to guide ongoing staffing decisions. The facility also conducts routine audits to evaluate staffing effectiveness and identify areas for improvement.

Provision (b): Staffing Deviations and Unannounced Rounds

The facility adheres to established minimum staffing requirements. When deviations occur—most commonly due to staff shortages related to scheduled leave, FMLA, workers' compensation, emergency transports, or other unforeseen circumstances—they are thoroughly documented. In such cases, critical posts are covered through staff reassignment or the use of mandated overtime to ensure operational integrity and continuous supervision.

CDOC Directives 6.12 (Section 13) and 6.1 require unannounced supervisory rounds on all shifts. Advance notice is prohibited unless justified by operational concerns. Any unauthorized advance notification is addressed through disciplinary policy (PD-22).

Review of housing unit logbooks confirmed consistent documentation of unannounced rounds. Interviews with staff and supervisors supported the facility's adherence to policy.

Provision (c): Annual Staffing Plan Review

The facility conducts an annual review of the staffing plan with input from the PREA Coordinator and facility leadership. This process includes analysis of:

- Staffing adequacy relative to current population and facility needs;
- Effectiveness of video monitoring and surveillance coverage;
- Areas where blind spots may exist and strategies for addressing them;
- Recommendations for staffing or technological enhancements.

The Auditor confirmed this process through documentation such as staffing evaluations and surveillance system reviews. The facility utilizes fixed security

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| | <p>cameras, convex mirrors, and other visibility enhancements. All surveillance systems operate continuously and are monitored by trained personnel.</p> <p>Provision (d): Unannounced Supervisory Rounds</p> <p>Directive 6.12 mandates that supervisors conduct and document unannounced rounds on all shifts. These rounds serve as a proactive measure to prevent and detect incidents of sexual abuse and to reinforce staff accountability.</p> <p>Auditor review of logbooks across multiple housing units confirmed the regular and documented execution of these rounds. On-site observations and interviews with staff and incarcerated individuals supported this finding, with consistent reports of supervisory presence throughout the facility.</p> <p><u>CONCLUSION</u></p> <p>Based on an extensive review of institutional policies, staffing and supervision documentation, staff and resident interviews, and direct on-site observations, the Auditor finds the facility in full compliance with PREA Standard §115.13 – Supervision and Monitoring.</p> <p>The institution has implemented a well-structured, consistently applied supervision model that supports a safe environment. Coordination between leadership, compliance personnel, supervisory staff, and line staff reflects a strong institutional commitment to preventing sexual abuse and ensuring a culture of safety and accountability.</p> |
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| 115.14 | Youthful inmates |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>The Auditor conducted a comprehensive review of the Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the agency. Among the key documents examined was the Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, which has been in effect since July 20, 2015. This directive outlines agency-wide procedures for the prevention, detection, and response to sexual abuse and harassment, including requirements regarding the housing and supervision of youthful inmates.</p> <p><u>OBSERVATIONS</u></p> |

As part of the on-site assessment, the Auditor completed a full facility walkthrough. During the tour, there were no individuals observed who appeared to meet the definition of a youthful inmate under PREA. Additionally, no housing units, dormitories, or designated spaces were identified as reserved for youthful offenders. Facility operations, unit assignments, and population rosters indicated that all housed individuals were adults.

INTERVIEWS

Facility Head

The Facility Administrator confirmed that the institution does not house youthful inmates and is not designated or equipped to do so. The Administrator explained that intake procedures include age verification processes to ensure compliance with classification and housing standards.

PREA Compliance Manager (PCM)

The PREA Compliance Manager affirmed that under no circumstances are youthful inmates housed at this facility. The PCM emphasized that the facility's classification procedures and population management systems are designed to ensure that individuals under the age of 18 are not admitted or retained at the site.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire clearly indicated that the facility does not house youthful inmates. This was independently verified through interviews with both the Facility Administrator and the PREA Compliance Manager. Additionally, the Auditor reviewed the most recent inmate roster, confirming that no individuals were born in 2006 or later—therefore, no residents met the criteria for youthful inmate classification under the PREA standard.

Provision (b)

This provision is not applicable. Since the facility does not house youthful inmates, there is no requirement for separation from adults or for specialized housing arrangements to ensure sight and sound separation.

Provision (c)

As with the previous provision, this section is not applicable. The facility does not house youthful inmates and therefore does not engage in housing decisions or management practices related to youthful offender placement.

CONCLUSION

Based on a detailed review of agency documentation, on-site observations, and interviews with key facility staff, the Auditor concludes that the facility is in full compliance with PREA Standard §115.14 – Youthful Inmates. The institution does not house youthful inmates and has verified systems in place to prevent the admission of

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| | <p>individuals under the age of 18. As such, the requirements of the standard are not applicable beyond the facility’s obligation to confirm and document this status.</p> |
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| 115.15 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To assess compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches, the Auditor conducted a detailed review of the following documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and related agency-provided materials 2. CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 3. CDOC Administrative Directive 6.7 – Searches Conducted in Correctional Facilities 4. CDOC Administrative Directive 6.6 – Reporting of Incidents 5. CDOC Administrative Directive 9.7 – Offender Management 6. CDOC Administrative Directive 10.2 – Inmate Education 7. CDOC Post Orders 6.2.01 – General Post Orders 8. Facility-specific Correctional Institution (CI) Post Orders and Directives 9. 2024 Annual In-Person PREA Training Documentation for Facility Staff <p>These documents were evaluated to verify the agency’s policy alignment with PREA requirements regarding cross-gender searches, privacy accommodations, and staff training on appropriate search practices, especially those involving transgender and intersex individuals.</p> <p><u>OBSERVATIONS DURING ON-SITE TOUR</u></p> <p>During the facility tour, the Auditor observed staff practices related to opposite-gender entry into housing and restroom areas. Announcements were made consistently when opposite-gender staff entered inmate living spaces, in accordance with policy and PREA standards. Similar verbal announcements were made for the opposite-gender Auditor prior to entering these areas, demonstrating the facility’s awareness and adherence to established protocol.</p> <p><u>INTERVIEWS</u></p> |

Random Staff Interviews

Staff consistently reported receiving training on appropriate search procedures, including those involving transgender and intersex individuals, as well as the limitations on cross-gender searches. All stated that cross-gender strip and visual body cavity searches are not performed at the facility. If such a search were absolutely necessary, it would only occur under exigent circumstances and be conducted by a qualified staff member of the same gender identity as the individual, with proper documentation. Staff clearly understood the prohibition and reporting requirements associated with such searches.

Random Inmate Interviews

Inmates interviewed reported that they had not experienced any cross-gender strip or body cavity searches. Many confirmed that opposite-gender staff reliably announce their presence before entering housing or bathroom areas. Inmates expressed a general understanding of their right to privacy and felt that staff respected those boundaries.

Transgender Inmate Interviews

Transgender inmates affirmed that:

- They were offered opportunities for private showering;
- Staff had never conducted searches to determine their genital status;
- Their preferences regarding privacy and personal accommodations were solicited and respected.

PROVISIONS**Provision (a)**

CDOC Administrative Directives 6.12 and 6.7 strictly prohibit cross-gender strip and visual body cavity searches except in exigent circumstances or when conducted by licensed medical professionals. The directives clearly establish that such searches are exceptions, not standard practice, and require immediate documentation and justification.

Provision (b)

Staff interviews confirmed full understanding of the policies restricting cross-gender searches. Staff reported that same-gender personnel are always available to conduct searches when required, and that proper protocols are followed. The training provided has reinforced this policy and emphasized both the legal and ethical imperatives involved.

Provision (c)

According to the PAQ and confirmed through staff interviews, there have been no cross-gender strip or visual body cavity searches conducted at the facility during the past 12 months. This reflects consistent adherence to policy and supports a strong compliance record.

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| | <p>Provision (d)</p> <p>Inmates are provided with privacy while showering, using the toilet, or changing clothing. Staff of the opposite gender are not permitted to view inmates during these activities except in emergency situations or when such viewing is incidental to routine security checks. Staff are required to announce their presence prior to entering housing units, and this practice was observed during the on-site visit. Transgender and intersex individuals are consulted when making decisions about privacy accommodations and report that their input is meaningfully considered.</p> <p>Provision (e)</p> <p>Searches conducted for the sole purpose of determining a transgender or intersex person's genital status are strictly prohibited by CDOC policy. Staff interviews confirmed understanding and compliance with this directive. Transgender individuals interviewed stated that they had never been subjected to such a search, further supporting the facility's adherence to PREA guidelines.</p> <p>Provision (f)</p> <p>Training records from the 2024 Annual PREA refresher confirmed that staff received instruction on:</p> <ul style="list-style-type: none">• Cross-gender pat searches• Searches involving transgender and intersex individuals• Documentation of exigent circumstances• Policies governing privacy, dignity, and respectful treatment <p>Sign-in sheets and rosters verified staff attendance. Interviewed personnel demonstrated clear knowledge of the policies and how to apply them in practice. Inmate interviews and on-site observations also confirmed that opposite-gender staff consistently announce their presence and follow required procedures.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive review of agency directives, staff training records, facility observations, and interviews with both staff and incarcerated individuals, the Auditor concludes that the facility is in full compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches.</p> <p>The facility has established clear, enforceable policies and practices that protect the dignity, privacy, and safety of all individuals in custody. Staff are well-trained, policies are consistently followed, and individuals housed at the facility confirmed respectful treatment. These practices reflect a strong institutional commitment to PREA compliance and to maintaining a secure and trauma-informed correctional environment.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
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Auditor Overall Determination: Meets Standard

Auditor Discussion

SUPPORTING DOCUMENTS REVIEWED

To assess compliance with PREA Standard §115.16 – Inmates with Disabilities and Inmates with Limited English Proficiency (LEP), the Auditor conducted a comprehensive review of policies, procedural documentation, and accessibility tools utilized by the facility. Materials reviewed included:

- Pre-Audit Questionnaire (PAQ) and all supporting documentation
- CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (effective July 20, 2015)
- CDOC Administrative Directive 10.12 – Inmate Orientation
- CDOC Administrative Directive 10.19 – Americans with Disabilities (ADA)
- PREA Orientation Materials provided during inmate intake and classification
- Inmate Handbooks in English and Spanish
- Documentation of American Sign Language (ASL) interpreting services
- PREA brochures in English and Spanish
- PREA educational video available in English and Spanish with closed captions
- Instructions for accessing professional interpretation through LanguageLine Services
- Observations from the facility tour regarding placement and accessibility of PREA posters and materials

This documentation confirmed that PREA information is available in multiple formats and languages and that policies are in place to ensure equal access for all individuals in custody.

OBSERVATIONS

During the facility walkthrough, the Auditor observed PREA posters prominently displayed in multiple areas, including intake, housing units, medical areas, program rooms, hallways, and visitation spaces. Materials were available in both English and Spanish and positioned at eye level for ease of reading. Additional materials, such as brochures and handbooks, were available to the population in accessible formats. The PREA educational video was made available during intake and was equipped with closed captions for individuals with hearing impairments.

INTERVIEWS

Facility Head

The Facility Head affirmed that policies and systems are in place to ensure all incarcerated individuals, including those with disabilities or limited English proficiency, are provided equal access to PREA-related information and services.

Professional interpretation services such as LanguageLine and Lionbridge are available to staff at all times, both telephonically and via video. The facility also ensures access to ASL interpreters, visual aids, and written materials in multiple languages. Staff are trained not to use inmate interpreters, readers, or assistants in any PREA-related context unless there is an immediate threat that requires an emergency exception.

Random Staff

Staff members interviewed were consistent in their understanding and application of PREA communication protocols. All affirmed that they have received specific training on ensuring access to PREA-related information for individuals with disabilities or LEP. Staff were able to articulate the prohibition against using inmate interpreters, confirming that only professional services are used. No staff reported any deviations from this protocol within the last 12 months.

Interviews with Inmates with Disabilities

Incarcerated individuals with sensory, cognitive, or physical disabilities reported that they understood their rights under PREA and knew how to report concerns. Those interviewed stated that PREA materials were presented in formats they could access—whether through written documents, videos with captions, verbal explanation, or staff assistance. None reported feeling at increased risk of abuse due to their disability, and all affirmed that facility staff treated them with dignity and respect.

PROVISIONS

Provision (a)

The facility has implemented comprehensive procedures to ensure that individuals with disabilities and those with limited English proficiency have meaningful access to all PREA-related education, prevention, reporting, and response systems. These efforts are supported through:

- Access to real-time interpretation via LanguageLine and Lionbridge, including ASL services
- PREA materials in multiple formats (written, video, and audio) and languages (primarily English and Spanish)
- Incorporation of PREA education into the intake and orientation process
- Availability of ADA-compliant accommodations and assistive services

Documentation forms (CN 101901 and CN 101902) used to notify and support ADA-eligible individuals, per CDOC Administrative Directive 10.19

These practices ensure equitable access and demonstrate alignment with PREA standards.

Provision (b)

PREA orientation materials—including videos with closed captions, brochures, and

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| | <p>handbooks—are made available in both English and Spanish. Professional interpretation services provide access to other languages, including spoken and sign languages. Facility protocols also include:</p> <ul style="list-style-type: none"> • Use of closed-captioned video content for individuals with hearing impairments • Verbal and/or recorded presentations of materials for those with limited reading ability • Visual aids, simplified content, or staff-led assistance for those with cognitive disabilities <p>Documentation reviewed and interviews with staff and inmates verified that these accommodations are actively utilized and effective in supporting comprehension and accessibility.</p> <p>Provision (c)</p> <p>The facility reported zero instances of inmate interpreters or readers being used to communicate about sexual abuse or harassment within the past year. This was confirmed by staff and administrative interviews. CDOC Administrative Directive 10.12 prohibits the use of inmate assistants in any PREA-related communication, except under narrowly defined exigent circumstances where delay could compromise safety or investigative integrity. No such exceptions were reported during this audit period.</p> <p><u>CONCLUSION</u></p> <p>Based on a detailed review of agency policies, training records, PREA education materials, direct observations, and interviews with staff and incarcerated individuals, the Auditor concludes that the facility is in full compliance with PREA Standard §115.16 – Inmates with Disabilities and Inmates with Limited English Proficiency.</p> <p>The facility has implemented a robust, equitable, and responsive system to ensure all individuals have full access to PREA protections. Through the consistent use of professional interpretation services, multilingual materials, ADA accommodations, and trained staff assistance, the institution demonstrates a clear and sustained commitment to ensuring that no one is excluded from access to critical information or support due to language barriers or disability.</p> |
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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

SUPPORTING DOCUMENTS

To assess compliance with PREA Standard §115.17 – Hiring and Promotion Decisions, the Auditor reviewed a comprehensive set of documents submitted by the facility and agency. The materials provided insight into the policies, procedures, and practices used to prevent individuals with a history of sexual misconduct from obtaining positions involving contact with incarcerated individuals.

The following documentation was examined:

1. Pre-Audit Questionnaire (PAQ) and all supporting documentation;
2. CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;
3. CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion, effective September 26, 2014;
4. CDOC Policy 10.4 – Volunteer and Recreation Services, effective June 29, 2018.

These policies collectively outline the agency’s commitment to ensuring that employment, promotion, and volunteer engagement decisions are made with full awareness of an applicant’s background and in alignment with the requirements of the Prison Rape Elimination Act (PREA).

INTERVIEWS

Human Resources Manager (HRM)

The Auditor conducted an in-depth interview with the facility’s Human Resources Manager to evaluate procedures for staff hiring, promotions, contractor engagement, and volunteer approval. The HRM affirmed that every individual applying for a position involving potential contact with incarcerated persons is required to disclose, in writing, any history of sexual misconduct, including prior administrative or criminal adjudications.

The HRM confirmed that the Connecticut Department of Correction (CDOC) has implemented a robust, centralized system to ensure that background investigations are completed:

- Prior to hire or promotion;
- On all contractors and volunteers who may have contact with incarcerated individuals; and
- At five-year intervals for current employees and contractors.

The system tracks due dates for background check renewals and ensures ongoing compliance. The HRM also emphasized that staff are obligated to report any arrests or charges that occur during employment and that the agency provides information about substantiated sexual misconduct involving former employees to prospective institutional employers upon request, unless prohibited by law.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire indicated that in the past 12 months, the facility employed 555 staff members, hired 15 new staff, and approved 10 contractors and 99 volunteers to enter the facility. While not all of these individuals had direct contact with incarcerated persons, the numbers reflect those eligible for access.

CDOC Administrative Directive 2.3 clearly prohibits the hiring, promotion, or use of contractors or volunteers who may have contact with incarcerated individuals if they have:

Engaged in sexual abuse in a correctional or custodial environment;

- Been convicted of engaging in sexual activity through force, coercion, or involving someone unable to consent; or
- Been civilly or administratively adjudicated for such conduct.

The Auditor reviewed 50 randomly selected personnel files. All included documentation of completed criminal background checks and responses to the three required PREA-related questions. These questions are asked during the hiring and promotion processes and are re-certified annually in writing by each staff member.

Provision (b)

CDOC Administrative Directive 2.3 also requires that any known history of sexual harassment be considered in all decisions regarding hiring, promotion, and the approval of contractors and volunteers who may interact with incarcerated persons. The HRM confirmed that this component is an integral part of every screening process and is documented accordingly.

Provision (c)

Before hiring any new staff member with potential inmate contact, CDOC conducts a criminal background check and makes documented efforts to contact all prior institutional employers to determine whether the applicant:

- Was the subject of a substantiated allegation of sexual abuse; or
- Resigned during a pending investigation into such conduct.

The Auditor verified that for each of the 15 individuals hired during the prior 12 months, these procedures were fully executed and documentation was present in the reviewed personnel files.

Provision (d)

While the facility reported no current contractors with direct inmate contact, CDOC

policy mandates that all contractors and volunteers with such access undergo a criminal background check before approval. These checks must also be updated every five years for continued access eligibility.

Provision (e)

CDOC requires criminal background checks at initial hire, prior to promotion, and every five years thereafter for all staff and contractors who may have contact with incarcerated individuals. This requirement is tracked through a centralized monitoring system. Additionally, failure to disclose relevant misconduct or the provision of false information during the application or promotion process is considered grounds for disciplinary action, up to and including termination.

Provision (f)

During the application and promotion processes, all individuals seeking a position involving contact with incarcerated persons are asked—both in writing and, when applicable, during interviews—about past sexual abuse or harassment. These questions specifically address whether the individual has:

- Engaged in sexual abuse in a correctional setting;
- Been convicted of coercive sexual conduct; or
- Been subject to civil or administrative findings of such behavior.

Staff reaffirm their responses to these questions annually through signed disclosures, which are maintained in their personnel records.

Provision (g)

CDOC policies reinforce that any omission or falsification of information related to prior sexual misconduct is treated as a serious offense. Such actions are subject to administrative review and may result in immediate termination or removal from consideration.

Provision (h)

The Human Resources Manager confirmed that, consistent with CDOC policy and applicable legal guidelines, the agency will share substantiated findings of sexual abuse or harassment with institutional employers upon request, provided such disclosure is not restricted by law. This ensures transparency across correctional systems and protects against rehiring individuals with known histories of misconduct.

CONCLUSION

Following a thorough review of agency policy, hiring and promotion records, supporting documentation, and staff interviews, the Auditor finds that the facility is in full compliance with PREA Standard §115.17 – Hiring and Promotion Decisions.

The Connecticut Department of Correction demonstrates a comprehensive and well-

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| | <p>executed approach to ensuring that individuals with a known history of sexual misconduct are not employed, promoted, or permitted to work in roles involving contact with incarcerated persons. The use of consistent screening, detailed documentation, and a centralized tracking system reflects the agency's strong commitment to safeguarding those in custody and upholding the core principles of the Prison Rape Elimination Act.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To determine compliance with PREA Standard §115.18, the Auditor thoroughly reviewed the following materials:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. <p>These materials provided foundational insight into the agency's and facility's processes for incorporating PREA principles into decisions involving facility construction, renovation, and the installation or upgrade of video monitoring technology. The documentation demonstrated the facility's commitment to using infrastructure improvements as a means of reducing the risk of sexual abuse and maintaining respect for the privacy and dignity of individuals in custody.</p> <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee</p> <p>The Auditor conducted an interview with the designee of the Agency Head to gain a broader understanding of the department's long-range strategy for facility design and technological advancement in the context of PREA compliance. The designee emphasized that the CDOC applies a proactive approach to planning upgrades, ensuring that any new construction or renovations are assessed for their impact on visibility, supervision, and sexual safety. Specific goals shared included:</p> <p>Strategically eliminating blind spots in areas where incarcerated individuals live, work, or receive services;</p> <ul style="list-style-type: none"> • Preserving visual privacy during activities such as showering, toileting, and changing clothing—particularly in cross-gender supervision environments; |

- Continuously aligning facility and agency practices with evolving national correctional standards and the core principles of the PREA.

The designee noted that all major construction or infrastructure projects undergo formal planning reviews to assess their implications for PREA compliance, and that video monitoring is seen as a key supplement—not a replacement—for direct supervision.

Facility Head or Designee

The Facility Head provided a detailed overview of the institution’s current surveillance capabilities, areas of concern, and ongoing enhancement efforts. While no new buildings have been constructed or activated since the prior PREA audit, the Facility Head reported that updates to the video monitoring system have recently been implemented, reflecting the agency’s ongoing investment in safety and accountability. Highlights from the interview included:

Surveillance Expansion and Enhancement: The facility has prioritized expansion of its camera network in housing units, common areas, recreational spaces, and movement corridors. Surveillance placement is deliberately designed to optimize supervision without compromising the personal privacy of individuals in custody.

Risk-Based Assessments: The facility leadership team conducts routine vulnerability assessments to identify areas where limited visibility or isolation could pose increased risks of sexual abuse. These assessments guide decisions about future enhancements and staff deployment.

Real-Time Monitoring and Archived Footage: The upgraded video system allows trained staff to monitor live feeds and access archived recordings for investigative purposes. System logs and footage review are used to support timely incident responses and ensure supervisory accountability.

PROVISIONS

Provision (a): New Construction or Substantial Modifications

According to the PAQ and interviews with facility leadership, the institution has not undergone any new construction or major physical modifications since the previous PREA audit. As such, there has been no need to reevaluate or adjust current practices related to supervision or video monitoring due to structural changes.

Provision (b): Technology and Video Monitoring Enhancements

The facility has implemented upgrades to its video surveillance system since the last PREA audit. These improvements include enhancements to camera coverage, image quality, and digital storage capacity. Interviews with both facility and agency leadership confirmed that the modernization of surveillance infrastructure is a high-priority initiative within the CDOC.

Plans and commitments described by agency representatives indicate a continued focus on:

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| | <ul style="list-style-type: none"> • Increasing visibility in high-risk or under-monitored areas; • Enhancing oversight to support incident prevention, investigation, and staff accountability; • Supporting an environment where incarcerated individuals feel safe reporting sexual abuse or harassment; • Upholding PREA principles through strategic use of monitoring technology, without infringing on personal dignity. <p>Facility staff emphasized that these upgrades are part of a system-wide initiative to align all CDOC facilities with modern correctional standards and PREA best practices.</p> <p><u>CONCLUSION</u></p> <p>Based on the review of the PAQ, agency and facility documentation, interviews with leadership, and the Auditor’s on-site observations, the facility is found to be in full compliance with PREA Standard §115.18 – Upgrades to Facilities and Technology.</p> <p>Although no new physical structures have been added, the facility has demonstrated a proactive and strategic approach to improving its video monitoring systems. Leadership at both the facility and agency levels are clearly engaged in ongoing planning efforts that prioritize sexual safety, enhance supervisory capabilities, and preserve privacy. These efforts reflect a well-established commitment to the intent and requirements of the standard.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS REVIEWED</u></p> <p>To assess the facility’s compliance with PREA Standard §115.21, the Auditor examined a comprehensive set of materials, including:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. CDOC Administrative Directive 6.12, Section 15 – Evidence Protocol and Securing the Area; 4. CDOC Administrative Directive 8.1 – Scope of Health Services Care, effective November 2, 2014; 5. CDOC Policy 1.10 – Investigations; |

6. CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence, effective January 3, 2017;
7. CDOC Policy 6.6 – Reporting of Incidents, effective October 1, 2018;
8. Memorandum of Understanding (MOU) between CDOC and the Connecticut State Police (CSP);
9. MOU between CDOC and Connecticut Sexual Assault Crisis Services, Inc.

These documents outlined the agency’s responsibilities and protocols for conducting administrative and criminal investigations, preserving evidence, and ensuring trauma-informed access to forensic and advocacy services for individuals reporting sexual abuse.

INTERVIEWS

PREA Coordinator / PREA Director

The Auditor spoke with the agency’s PREA Coordinator, who affirmed that CDOC follows a consistent, statewide evidence collection protocol rooted in best practices as established by the U.S. Department of Justice. This protocol is tailored to meet the unique needs of both adults and youthful individuals in custody. The Coordinator clarified that while CDOC conducts administrative investigations, all criminal investigations are the responsibility of the Connecticut State Police, as stipulated in a formal MOU.

PREA Compliance Manager (PCM)

The PCM reported that no forensic medical examinations were conducted within the facility during the past audit year. When such services are required, incarcerated individuals are transported to local hospitals where Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) are available. The PCM emphasized that these services are provided at no cost to the individual and that advocacy support is coordinated with local rape crisis centers.

SAFE/SANE Medical Staff

Medical personnel trained in sexual assault forensic procedures indicated that all examinations occur off-site at designated hospitals. Services include obtaining informed consent, performing detailed head-to-toe and genital exams, collecting forensic evidence (including photography if permitted), administering prophylactic treatment for STIs/HIV, and ensuring chain of custody protocols are rigorously followed. These services are performed in accordance with national forensic standards.

Random Staff

Staff randomly selected for interviews consistently demonstrated an accurate understanding of first responder responsibilities. Staff were able to clearly describe the steps for protecting evidence integrity—such as separating involved individuals, securing the scene, avoiding physical evidence contamination, and immediately notifying appropriate authorities—all in accordance with agency policy and training requirements.

Incarcerated Individuals Who Reported Sexual Abuse

Individuals interviewed who had previously reported sexual abuse confirmed the following:

- Staff responded promptly and in alignment with policy;
- Advocacy services were offered and provided when accepted;
- No costs were incurred for medical or advocacy services;
- They were not subjected to polygraph examinations;
- They received follow-up and written notifications regarding investigation outcomes.

Rape Crisis Center Representative

A representative from Connecticut Sexual Assault Crisis Services confirmed that advocates are available to support incarcerated survivors before, during, and after forensic medical examinations. Services include emotional support, crisis counseling, information on victims' rights, and post-assault follow-up. The advocate confirmed that survivors are informed of mandatory reporting limitations and that confidentiality is maintained within the legal scope.

Youthful Inmate

The facility does not house youthful inmates. Therefore, no inmates in this category were interviewed for this standard.

PROVISIONS**Provision (a): Uniform Evidence Protocol**

The facility follows a standardized evidence protocol as mandated in CDOC Directive 6.9 and Section 15 of Directive 6.12. Allegations of sexual abuse are referred for administrative review by CDOC and, when applicable, criminal investigation by the Connecticut State Police under a formalized MOU. These protocols ensure preservation of evidence while safeguarding the rights and wellbeing of those involved.

Provision (b): Youth-Specific Forensic Protocols

The facility does not house youthful individuals. However, CDOC policy requires that forensic protocols be developmentally appropriate, trauma-informed, and in accordance with the U.S. DOJ's National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents).

Provision (c): Access to SAFE/SANE Exams at No Cost

Forensic medical exams are offered at no cost and performed by qualified SAFE/SANE professionals at external hospitals. In cases where SAFE/SANE personnel are unavailable, trained emergency physicians conduct the exam in accordance with established protocols. All procedures are provided with the individual's consent and are documented comprehensively. In the past 12 months, no exams were conducted, but staff and policy confirm readiness to do so when needed.

Provision (d): Access to Victim Advocacy Services

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| | <p>Victim advocacy is coordinated through a standing MOU with Connecticut Sexual Assault Crisis Services, Inc. Advocates are available 24/7 and are offered as part of the facility's standard response to any report of sexual abuse.</p> <p>Provision (e): Advocate Accompaniment During Forensic Exams Survivors of sexual abuse are offered the opportunity to be accompanied by an advocate during forensic exams. Advocates provide emotional support, clarify procedures, and ensure the individual's comfort and dignity are prioritized throughout the process.</p> <p>Provision (f): Referral for Criminal Investigations All reports of sexual abuse are automatically referred to the CDOC Office of the Inspector General (OIG) and forwarded to the Connecticut State Police for criminal investigation, consistent with the MOU between the two entities.</p> <p>Provision (g): Auditor Exemption This provision does not require auditor evaluation.</p> <p>Provision (h): Facility-Based Advocate Support In instances where external advocates are not immediately available, facility staff who have received specialized training in victim advocacy are designated to support the individual. These staff are trained in accordance with PREA standards to provide trauma-informed, confidential support services.</p> <p><u>CONCLUSION</u></p> <p>Following a thorough review of documentation, interviews with staff and survivors, review of MOUs, and direct observation, the Auditor concludes that the facility is in full compliance with PREA Standard §115.21 – Evidence Protocol and Forensic Medical Examinations.</p> <p>The Connecticut Department of Correction has implemented comprehensive, victim-centered protocols that protect evidence integrity, provide immediate and informed access to medical and advocacy services, and ensure all services are delivered without cost or coercion. The system is aligned with PREA mandates, demonstrating a clear commitment to trauma-informed care, survivor safety, and investigative integrity.</p> |
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| 115.22 | Policies to ensure referrals of allegations for investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>SUPPORTING DOCUMENTS</u></p> <p>To evaluate the facility's compliance with PREA Standard §115.22, the Auditor</p> |

reviewed the following key documents:

- Pre-Audit Questionnaire (PAQ) and all related supporting materials;
- 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 4 – Criminal Investigations;
- CDOC Administrative Directive 6.6 – Reporting of Incidents, effective October 1, 2018;
- CDOC Administrative Directive 6.9 – Collection and Retention of Contraband and Physical Evidence, effective January 3, 2017;
- CDOC Administrative Directive 9.6 – Inmate Administrative Remedies, Sections 1-14;
- Memorandum of Understanding (MOU) between CDOC and the Connecticut State Police (CSP) outlining responsibilities for investigating allegations of sexual abuse within correctional settings.

These documents collectively demonstrate the agency’s structured approach to reporting, investigating, and referring all allegations of sexual abuse and sexual harassment in accordance with federal PREA standards.

INTERVIEWS

Random Staff

All randomly selected staff clearly understood their obligation to report immediately any knowledge, suspicion, or disclosure of sexual abuse or harassment. Staff consistently stated their first action would be to notify a shift supervisor or designated authority without delay. Interview responses reflected a well-ingrained understanding of CDOC’s zero-tolerance policy and the role of all employees as mandatory reporters under PREA.

Investigative Staff

Investigative personnel confirmed that all allegations, regardless of the source or perceived credibility, are taken seriously and subject to thorough review. They explained that CDOC’s PREA Investigation Unit handles administrative investigations, while criminal investigations are referred to and conducted by the Connecticut State Police (CSP) under a formalized MOU. Investigators outlined a dual-investigation model in which administrative reviews are conducted in tandem with criminal inquiries when warranted, ensuring no allegation goes unaddressed.

PROVISION (a): Referral to Law Enforcement

CDOC Administrative Directive 1.10 and the standing MOU with CSP require that all allegations of sexual abuse involving potential criminal behavior are referred to the Connecticut State Police for investigation. This clear delineation of authority helps

ensure that criminal matters are handled exclusively by sworn law enforcement personnel while the agency maintains administrative oversight of all allegations.

As reported in the PAQ and verified through interviews:

- Five allegations of sexual abuse were reported during the previous 12 months;
- Three allegations of sexual harassment were also documented during this time frame.

All allegations were appropriately referred in accordance with policy, and documentation supported that each case was routed through the correct investigative channels.

PROVISION (b): Investigative Responsibility and Oversight

Per CDOC Administrative Directive 6.12, Section 16, the Connecticut State Police is the designated investigative agency for criminal investigations into sexual abuse. The CDOC PREA Investigation Unit is responsible for investigating allegations of sexual harassment and for conducting administrative reviews of all allegations, including those referred for criminal investigation.

Only trained investigators, certified in PREA-specific procedures, are authorized to manage these cases. Line staff and housing unit personnel are expressly prohibited from conducting or influencing PREA-related investigations, preserving the objectivity and integrity of each inquiry. All referrals to CSP are formally documented, and the agency monitors the investigative process to ensure accountability.

PROVISION (c): Substantiated Allegations

Interviewed investigative staff confirmed that all substantiated allegations of sexual abuse are consistently and promptly referred to the Connecticut State Police. CDOC's role is to support law enforcement investigations while continuing its internal administrative processes. The PAQ responses and facility records confirmed that all substantiated cases within the review period were appropriately referred in accordance with policy and the agency's formal agreement with CSP.

PROVISIONS (d) and (e): Auditor Exemption

In accordance with the PREA Auditor Handbook and federal guidance, provisions (d) and (e) under §115.22 do not require auditor evaluation during the site review process.

CONCLUSION

Based on the review of policies, supporting documentation, referral practices, and

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| | <p>staff interviews, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.22 – Policies to Ensure Referrals of Allegations for Investigations.</p> <p>The agency has established a clear and consistent framework for referring all allegations of sexual abuse and harassment to the appropriate investigative authorities. Staff at all levels demonstrated a strong understanding of their roles as mandated reporters, and investigative staff articulated a robust, coordinated response process involving both internal administrative and external criminal investigations. The structured use of trained investigators, coupled with formal MOUs and policy requirements, reflects a comprehensive and compliant approach to PREA investigation standards.</p> |
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| 115.31 | Employee training |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>SUPPORTING DOCUMENTATION REVIEWED</u></p> <p>To evaluate compliance with PREA Standard §115.31, the Auditor examined a comprehensive range of documentation, including:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and accompanying evidentiary materials 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015 3. CDOC Administrative Directive 6.12, Section 9 – Staff Training Curriculum, effective July 20, 2015 4. CDOC Administrative Directive 2.7 – Training and Staff Development, effective August 1, 2014 5. PREA staff training acknowledgment forms signed by employees 6. PREA training session sign-in rosters 7. Agency-wide PREA training curriculum and instructional materials, including PowerPoint presentations and handouts 8. The CDOC-issued spiral-bound PREA Reference Guide, designed for use in the field by all staff with inmate contact <p><u>INTERVIEWS CONDUCTED</u></p> <p>PREA Compliance Manager (PCM):</p> <p>The PREA Compliance Manager emphasized that the Department maintains an ongoing, multi-layered approach to PREA education. Staff training is not treated as a</p> |

one-time event but as an evolving process that includes initial onboarding instruction, formal classroom-based learning, routine refreshers, and periodic reinforcement via shift briefings, team meetings, and special-topic workshops.

Random and Specialized Staff:

All interviewed staff confirmed that they had completed comprehensive PREA training during onboarding, followed by annual refresher training and additional reinforcement sessions. Staff consistently demonstrated clear knowledge of their responsibilities under PREA, including how to report incidents, safeguard evidence, uphold victim confidentiality, and support individuals who report sexual abuse or harassment. Staff were equally familiar with the agency's zero-tolerance policy and described appropriate methods for interacting respectfully and effectively with individuals who identify as lesbian, gay, bisexual, transgender, intersex (LGBTI), or gender non-conforming.

PROVISIONS

Provision (a): Training Curriculum and Implementation

CDOC Administrative Directive 6.12, Section 9, outlines the mandated training content for all employees who may have contact with individuals in custody. The curriculum includes instruction on:

- The Department's zero-tolerance stance toward sexual abuse and sexual harassment
- Staff duties in preventing, detecting, reporting, and responding to allegations
- The rights of incarcerated individuals to be free from sexual misconduct
- Protections from retaliation for individuals who report misconduct, including both staff and incarcerated persons
- Behavioral dynamics, risk indicators, and signs associated with sexual victimization and predatory conduct
- Psychological and emotional responses often exhibited by survivors
- Strategies for identifying and reacting to indicators of abuse
- Professional boundaries and behaviors to avoid improper relationships
- Effective communication methods for engaging with LGBTI and gender non-conforming individuals
- Mandatory reporting obligations under state and federal law
- Core characteristics and behavioral red flags associated with both potential victims and perpetrators

Interviews verified that all training topics had been covered in detail. Every staff member interviewed (100%) was able to accurately describe the training content and its relevance to their daily responsibilities. Staff described the training as informative, engaging, and applicable to real-world scenarios.

To support staff in applying their training, the CDOC has issued a spiral-bound PREA Reference Guide to all employees with inmate contact. This compact, tabbed booklet includes:

- Emergency reporting and contact information
- Condensed summaries of key PREA standards
- Action steps for responding to incidents of sexual abuse or harassment
- The chain of command for internal reporting
- Legal requirements for mandatory reporting
- Expectations for confidentiality, professionalism, and boundary maintenance

Staff unanimously reported that the guide is a critical tool they carry during their shifts. When asked, each individual was able to promptly retrieve their guide and explain how they use it in practice.

Additionally, CDOC Administrative Directive 2.7 requires that all employees who have contact with individuals in custody receive refresher PREA training at least once every two years. Between formal sessions, supplemental education is provided through departmental updates, bulletin boards, newsletters, and shift-level briefings to ensure staff remain current with evolving expectations and practices.

Training for volunteers and contractors is appropriately scaled to reflect their roles and level of contact with individuals in custody. Regardless of role, all are informed of the zero-tolerance policy and are required to report any suspicion or knowledge of sexual abuse or harassment immediately.

The Auditor conducted a thorough review of the PREA training curriculum and found it to be detailed and well-aligned with PREA standards. Specialized content is provided for staff in unique roles (e.g., medical, mental health, intake, supervision), ensuring that training is tailored to actual responsibilities. Documentation, including sign-in sheets and training records, verified that each training session was completed and acknowledged by participating staff.

Provision (b): Population-Specific Training

In addition to the standard curriculum, the facility provides specialized training tailored to the unique dynamics of the incarcerated population served at the facility. Staff assigned to male or female institutions receive training that addresses the specific needs, behaviors, and vulnerabilities commonly associated with the population housed in that environment.

If a staff member transfers from one population-specific setting to another (e.g., from a male facility to a female or gender-diverse unit), they receive targeted supplemental training to ensure they are adequately prepared for the shift in dynamics and expectations.

These practices were confirmed through interviews and a review of training documentation, which reflected a clear understanding of gender-responsive approaches and population-specific risks.

Provision (c): Staff Training Compliance

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| | <p>The facility employs a total of 555 staff members. Documentation reviewed by the Auditor confirmed that 100% of these staff had received PREA training within the past twelve months. The agency exceeds the minimum standard by offering refresher training annually rather than biennially, utilizing a combination of formal classroom sessions, on-the-job refreshers, and visual reinforcement through facility-wide postings and digital communication tools.</p> <p>The PCM verified that all staff members currently assigned to the facility who have contact with individuals in custody are fully trained in accordance with CDOC policy and PREA requirements.</p> <p>Provision (d): Documentation of Training</p> <p>All employee training is formally documented. Staff are required to sign a Training Acknowledgment Form upon completion of each session, affirming not only their attendance but their comprehension of the material. The Auditor reviewed these signed forms and found them to be properly completed, dated, and filed in accordance with agency procedures. The records provide clear, auditable evidence of compliance with PREA training standards.</p> <p>CONCLUSION</p> <p>The facility has implemented a robust, well-structured, and consistently executed training program that fully complies with the requirements of PREA Standard §115.31. The training curriculum is comprehensive, thoughtfully tailored to specific staff roles and inmate populations, and reinforced through both formal instruction and informal reinforcement strategies.</p> <p>One of the most notable strengths of the program is the spiral-bound PREA Reference Guide—an innovative, accessible resource that supports immediate staff response and reinforces knowledge retention. Staff engagement with the training program is evident across all levels, and records reflect full participation and policy adherence.</p> <p>Based on documentation, interviews, and training records, the Auditor concludes that the facility is in full compliance with PREA training requirements for employees, volunteers, and contractors.</p> |
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| 115.32 | Volunteer and contractor training |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>SUPPORTING DOCUMENTS REVIEWED</p> <p>To assess the facility’s compliance with PREA Standard §115.32, the Auditor conducted a comprehensive evaluation of relevant documentation. Materials reviewed included:</p> |

1. The Pre-Audit Questionnaire (PAQ) and all accompanying records submitted for review;
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;
3. Section 9(B) of Administrative Directive 6.12, which delineates mandatory PREA training content for volunteers and contractors;
4. CDOC Administrative Directive 2.7, Training and Staff Development, Section 6(D), detailing volunteer training obligations;
5. The CDOC VIP Handbook for Volunteers, Interns, and Professional Partners, which articulates conduct expectations and outlines PREA-related responsibilities.

Collectively, these documents reflect a well-structured and policy-driven approach to ensuring that all non-employee personnel who may interact with incarcerated individuals are adequately informed, prepared, and accountable in their roles related to sexual safety within the facility.

INTERVIEWS

Volunteers:

The Auditor interviewed a current facility volunteer who reported receiving PREA-specific training during their initial orientation. The volunteer demonstrated a strong grasp of their responsibilities, including the agency's zero-tolerance policy, expectations around maintaining professional boundaries, and appropriate actions to take if they witness or learn of behavior suggestive of sexual abuse or harassment. The volunteer articulated confidence in navigating reporting channels and affirmed their role in supporting a safe facility environment.

Contractors:

A contractor working in a non-custodial capacity confirmed participation in PREA training aligned with their duties. When asked about agency expectations, reporting responsibilities, and boundary management, the contractor responded with clarity and accuracy. The contractor also effectively walked through appropriate responses to hypothetical PREA-related scenarios, indicating thorough training and strong retention of key concepts.

PROVISIONS

Provision (a): Required Training Content

The PAQ indicated that 99 volunteers and contractors have completed PREA training as required by agency policy. All individuals who may have contact with those in custody undergo background checks and are required to complete PREA training prior to receiving facility access. While this figure reflects the pool of individuals approved for access, not all are active at the same time. Only a portion of the total number are routinely engaged in facility programming or services.

Administrative Directive 6.12, Section 9(B), requires that any volunteer or contractor with potential contact with incarcerated persons receive training at a minimum on:

The Department's zero-tolerance policy regarding sexual abuse and sexual harassment;

- Procedures for reporting incidents or suspicions of sexual misconduct.
- Administrative Directive 2.7, Section 6(D), reinforces this requirement, outlining that the training provided must cover the ten essential elements of the PREA standard.

Materials reviewed by the Auditor confirmed that the training modules are structured for accessibility and retention, using numbered sections and simplified language where appropriate. Training is delivered in formats tailored to the learner's role and level of contact with the population.

Provision (b): Role-Specific Training Adjustments

The facility ensures that training is differentiated based on the nature and extent of the volunteer's or contractor's duties. General training on PREA policy and mandatory reporting is provided to all individuals, regardless of their assigned role. However, those in positions that require deeper engagement—such as contractors providing clinical, medical, or therapeutic services—receive additional, specialized content.

The VIP Handbook outlines the universal requirements and provides clear guidance on reporting responsibilities. For those in specialized roles, CDOC mandates additional training components, including:

- Identification and recognition of signs indicative of sexual abuse or harassment;
- Proper steps for preserving physical or testimonial evidence;
- Trauma-informed strategies for engaging with individuals who disclose victimization;
- Legal and policy-based reporting mandates specific to their profession.

These additional layers of training ensure that each person serving in the facility is not only aware of their PREA responsibilities but also equipped to respond in a manner appropriate to their role and training.

Provision (c): Training Records and Verification

The Auditor reviewed documentation verifying completion of PREA training by volunteers and contractors. Materials included:

- Signed training acknowledgment forms confirming receipt and understanding of the material;
- Attendance logs from recent PREA training sessions for non-staff personnel.

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| | <p>The documentation was complete, well-maintained, and accurately reflected the training histories of individuals with access to the facility. These records demonstrate a consistent and reliable process for ensuring that no volunteer or contractor engages in duties involving incarcerated individuals prior to receiving mandatory PREA education.</p> <p><u>CONCLUSION</u></p> <p>The facility has implemented a comprehensive and well-documented system for delivering PREA training to volunteers and contractors, as required by Standard §115.32. All individuals with access to incarcerated persons receive training aligned with their specific roles, responsibilities, and level of contact. Specialized contractors are provided with enhanced content to ensure they can meet the unique demands of their positions.</p> <p>Interviews with non-employee personnel confirmed strong retention of key training topics and demonstrated an appropriate understanding of how to respond to PREA-related concerns. The agency’s structured training approach, combined with clear documentation and ongoing support, reinforces a culture of awareness and accountability.</p> <p>Based on the review of documents, interviews, and policies, the facility is found to be in full compliance with the requirements of PREA Standard §115.32.</p> |
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| 115.33 | Inmate education |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS REVIEWED</u></p> <p>To determine compliance with PREA Standard §115.33 – Inmate Education, the Auditor performed an in-depth analysis of agency policies, training protocols, and educational materials provided to individuals in custody. Reviewed documentation included:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and associated facility submissions; 2. CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. Section 10 of Administrative Directive 6.12, which specifically outlines required PREA education content and timelines for individuals in custody; 4. Administrative Directive 9.3 – Inmate Admissions, Transfers, and Discharges, particularly Section 5(j) on PREA screening and Section 7 concerning facility transfers; 5. Administrative Directive 10.12 – Initial Orientation, Section 3, establishing requirements for education upon intake; |

6. The facility's Inmate Orientation Handbook (English version), which contains the agency's zero-tolerance statement, reporting avenues, and information on support services.

Together, these documents form the foundation of a structured, multi-layered approach to educating individuals in custody about their right to be free from sexual abuse and harassment, and the processes available to them for reporting and receiving support.

ON-SITE OBSERVATIONS

During the facility walkthrough, the Auditor noted that PREA awareness materials were prominently displayed in housing units, common areas, and especially in proximity to inmate phones. Posters featured the PREA hotline number, contact details for internal and external reporting mechanisms, and concise instructions for accessing advocacy and support. Materials were provided in English and Spanish, with visual aids to increase accessibility for individuals with limited literacy or cognitive impairments. This visual saturation demonstrated the facility's intent to maintain PREA visibility at all times.

INTERVIEWS

PREA Compliance Manager (PCM):

The PCM described a layered educational system for individuals in custody, combining written handbooks, verbal briefings, orientation videos, and individualized assistance when necessary. Education begins at intake and continues throughout a person's stay via ongoing reinforcement. The PCM confirmed that accommodations are consistently made for individuals who are deaf, have low literacy, or are limited English proficient (LEP), using interpretation services, assistive technologies, or personalized teaching sessions.

Intake and Orientation Staff:

Staff assigned to orientation duties outlined a systematic process in which each newly admitted individual receives an overview of the zero-tolerance policy and reporting methods before being assigned to a housing unit. Within 30 days, all individuals participate in a more in-depth PREA education session, typically through video and supplemented by discussion. Staff confirmed that education is never one-size-fits-all; it is adapted to ensure comprehension across a wide spectrum of learning needs.

Inmates:

Individuals in custody who were interviewed affirmed that they received PREA-related information shortly after arrival. Most referenced multiple formats—spoken explanations, written materials, videos, and posters. Interviewees were able to explain the agency's zero-tolerance policy, list available reporting options, and describe the facility's efforts to protect reporters from retaliation. Several noted that the PCM frequently checks in and makes PREA-related rounds, which fosters openness

and ongoing discussion. Many expressed awareness of the PREA hotline and identified signage near the phones as helpful and reassuring.

PROVISIONS

Provision (a): Initial and Ongoing Education Requirements

CDOC Administrative Directive 6.12, Section 10, requires that all incarcerated individuals be educated about the following:

The agency's zero-tolerance policy on sexual abuse and harassment;
Their rights to be free from such misconduct and retaliation for reporting it;
Procedures for confidentially reporting abuse or harassment;
Prevention strategies and risk reduction behaviors;
Identification of relevant internal staff and outside advocacy resources;
Receipt of comprehensive education—delivered either in person or via video—within 30 days of intake.
Administrative Directives 9.3 and 10.12 ensure this education begins promptly upon arrival and is repeated or reinforced when individuals are transferred to a new facility with different procedures or resources.

Provision (b): Timely Delivery of Education

According to the PAQ, 1,003 individuals entered the facility during the past 12 months and remained for more than 30 days. Facility records confirm that all 1,003 received initial orientation upon arrival and followed up with the required comprehensive education session within the 30-day window, aligning with PREA standards and agency policy.

Provision (c): Documentation of Education

A random sampling of 48 education files was reviewed. Each file included signed documentation confirming the individual's participation in the PREA orientation program and acknowledgment of receiving the orientation handbook. These records confirm not only timely delivery of education but also verify that staff followed procedures to document comprehension and engagement.

Provision (d): Accessibility of Education

The facility demonstrated a strong commitment to equitable access to information. In alignment with Directive 10.12, individuals who are LEP, visually or hearing impaired, or have developmental or cognitive disabilities receive accommodations including:

Bilingual education materials and Spanish-language handbooks;
On-site bilingual staff, use of LanguageLine services, and certified ASL interpreters;
Audio-visual aids, large-print materials, and alternative formats for individuals with vision challenges;
One-on-one or small-group instruction for individuals with limited comprehension, with staff modifying delivery to suit the individual's learning style and abilities.

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| | <p>These practices were confirmed through interviews, observation, and file review.</p> <p>Provision (e): Signed Acknowledgment of Education</p> <p>Every person in custody is required to sign documentation confirming receipt of the PREA orientation handbook and completion of the PREA education session. These signed forms are maintained in each individual’s file as a permanent part of their record. The Auditor found consistent and complete documentation across the files reviewed.</p> <p>Provision (f): Educational Reinforcement and Availability</p> <p>PREA education is not confined to intake or orientation. The facility reinforces information regularly through postings, staff engagement, and access to reference materials. The Inmate Orientation Handbook remains available throughout incarceration, and many individuals interviewed were able to show their copy or recall content from it. Posters, video reminders, and conversations with staff further contribute to an informed population that understands their rights and options.</p> <p><u>CONCLUSION</u></p> <p>Through careful analysis of policy, documentation, on-site observations, and stakeholder interviews, the Auditor concludes that the facility fully meets the requirements of PREA Standard §115.33 – Inmate Education. The agency has developed a well-organized, inclusive, and responsive education program that empowers individuals in custody with the knowledge needed to recognize, report, and prevent sexual abuse and harassment.</p> <p>The facility’s commitment to accessibility—across languages, learning needs, and disabilities—reflects a culture that prioritizes safety, dignity, and transparency. Inmate and staff feedback reinforces the strength and visibility of PREA education efforts, indicating not only compliance but effectiveness.</p> |
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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTATION REVIEWED</u></p> <p>To assess the facility’s adherence to PREA Standard §115.34, which mandates specialized training for investigators of sexual abuse and harassment allegations, the Auditor conducted a detailed review of relevant materials. The following documents were examined:</p> |

1. The Pre-Audit Questionnaire (PAQ) along with the full set of supporting documentation provided by the facility;
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, specifically Section 16 addressing investigative procedures;
3. CDOC Administrative Directive 1.10 – Investigations, with particular attention to Section 11 outlining mandatory training for investigative personnel; Investigator training records, including sign-in logs, curricula, detailed training agendas, and completed assessments confirming knowledge acquisition.

Collectively, these documents form a comprehensive foundation demonstrating that the agency has developed and implemented a specialized training program for staff charged with conducting internal investigations into allegations of sexual abuse and sexual harassment in confinement settings.

INTERVIEWS

INVESTIGATIVE STAFF

To supplement the document review, the Auditor conducted interviews with a cross-section of staff responsible for investigating PREA-related allegations. These discussions revealed:

- All investigative personnel assigned to handle PREA cases had completed specialized training specific to custodial sexual abuse investigations;
- Interviewed staff were able to explain trauma-informed approaches to interviewing victimized individuals and the protocols for collecting and safeguarding physical and testimonial evidence;
- Investigators demonstrated working knowledge of legal warnings and advisements (such as Miranda for criminal investigations and Garrity for administrative inquiries) and described scenarios where these would be applied;
- Personnel clearly articulated the criteria used to classify cases as substantiated, unsubstantiated, or unfounded, and explained how those determinations are documented.
- The content and quality of the interviews confirmed a strong alignment between policy, training, and practice within the facility's investigative team.

PROVISIONS

Provision (a): Requirement for Specialized Training

CDOC policy requires that all personnel assigned to investigate allegations of sexual misconduct within the facility undergo targeted, specialized training. This is clearly articulated in Administrative Directive 1.10, Section 11, which mandates this training for all staff serving in investigative capacities, including lieutenants, sergeants, and those assigned to specialized roles such as PREA compliance and Security Threat

Group (STG) coordination.

Training topics mandated by policy include:

- Approaches to interviewing victims of sexual abuse with a focus on trauma awareness and minimizing retraumatization;
- Methods for collecting, preserving, and documenting physical and testimonial evidence in a correctional environment;
- The evidentiary thresholds necessary for substantiating administrative findings and for making referrals for potential criminal prosecution.
- Records reviewed by the Auditor confirmed that all three investigators designated to handle such cases at the facility had successfully completed this required training. Records included fully completed sign-in rosters, training schedules, and post-course test scores indicating adequate knowledge retention. Additionally, these investigators had previously fulfilled the general PREA training required of all facility staff, ensuring they meet both the general and specialized training components of the standard.

Provision (b): Curriculum Content and Practical Application

The training program for investigators incorporates all elements required by the PREA standard and reflects national best practices in the field. The curriculum includes:

Interviewing techniques tailored to individuals who have experienced sexual trauma while in custody;

- Use and limitations of Miranda and Garrity warnings during both criminal and administrative investigations;
- Evidence handling procedures, including chain-of-custody protocols and considerations unique to secure environments;
- Differentiating between administrative and criminal evidentiary standards, and understanding the decision-making framework used to classify the outcome of each investigation.

Investigative staff interviewed by the Auditor spoke fluently about each of these areas, demonstrating not only retention of content but an ability to apply it in real-world settings. Staff provided case-based examples and explained how ongoing updates to training ensure that investigative practices remain current with changes in law and policy.

Provision (c): Verification and Recordkeeping

The facility maintains a comprehensive and centralized system for tracking training completion. During the onsite visit, the Auditor was provided with full access to training files for all designated investigators. These records included:

Dates of training sessions;

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| | <ul style="list-style-type: none"> • Curriculum outlines and handouts; • Attendance sheets signed by participants; • Post-training assessments and scores documenting understanding and competence. • Administrative Directive 6.12, Section 16, supports this recordkeeping requirement and reaffirms that all personnel involved in administrative investigations of sexual abuse must be trained and credentialed accordingly. Criminal investigations involving potential sexual misconduct are referred to the Connecticut State Police, as outlined in a formal • Memorandum of Understanding (MOU) between CDOC and the state agency. The facility retains sole responsibility for administrative inquiries and ensures that investigative staff meet all training requirements before participating in any such process. <p>Provision (d): Not Applicable</p> <p>This provision of the standard is not subject to audit review and is therefore not applicable in this context.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive analysis of training documentation, policy review, and interviews with facility investigators, the Auditor concludes that the facility is fully compliant with PREA Standard §115.34 – Specialized Training: Investigations.</p> <p>The agency has developed a rigorous and well-documented training protocol for investigators, ensuring that all personnel assigned to investigate allegations of sexual abuse and harassment are properly equipped with the knowledge, tools, and procedural understanding necessary to conduct thorough and effective investigations. Training is reinforced through both policy and practice, and personnel demonstrate not only technical proficiency but a strong commitment to trauma-informed, victim-centered approaches.</p> <p>This level of preparedness reflects a high standard of institutional integrity and reinforces the facility’s broader commitment to maintaining a safe and accountable environment for all individuals in custody.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS REVIEWED</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.35, which requires</p> |

specialized training for medical and mental health practitioners, the Auditor conducted a detailed review of a variety of supporting documentation. The following resources were examined:

- The Pre-Audit Questionnaire (PAQ) and associated exhibits;
- 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), outlining training requirements for all employees;
- CDOC Administrative Directive 6.12, Section 9(B), which governs in-service training requirements;
- CDOC Administrative Directive 8.6 – Credentials for Health Services Staff, Section 6, which mandates specific training content for medical and mental health professionals;
- Training logs and certification records for medical and mental health personnel.

Collectively, these documents provide a robust framework ensuring that clinical staff receive both foundational and specialized training relevant to their roles in preventing, detecting, responding to, and reporting incidents of sexual abuse and sexual harassment.

INTERVIEWS

Medical and Mental Health Staff

Interviews with several members of the facility’s healthcare team confirmed that all clinical personnel receive two distinct levels of PREA training: general PREA education provided to all staff and specialized content tailored specifically to the needs and responsibilities of healthcare professionals. These staff members demonstrated awareness of their legal and ethical duties to detect and report sexual abuse, as well as strategies for interacting compassionately and professionally with individuals who disclose victimization.

PREA Compliance Manager (PCM)

The PCM affirmed that all medical and mental health care staff employed by the facility are required to complete both the agency-wide PREA training and an additional module specifically designed for healthcare providers. The PCM further described oversight procedures to ensure training compliance is consistently monitored and documented.

Facility Administrator or Designee

The facility administrator confirmed that healthcare personnel undergo rigorous training consistent with the agency’s commitment to zero tolerance for sexual abuse and harassment. This includes instruction on trauma-informed care, evidence preservation, and reporting protocols.

PROVISIONS

Provision (a): Specialized Training Content for Medical and Mental Health Practitioners

As outlined in CDOC Administrative Directive 8.6, Section 6, all medical and mental health practitioners—whether full-time, part-time, or contract—who regularly work in CDOC-operated facilities must be trained in the following areas:

- Identifying and assessing indicators of sexual abuse and sexual harassment;
- Preserving physical evidence in a manner consistent with forensic standards;
- Responding to disclosures of abuse with professionalism and sensitivity;
- Understanding mandatory reporting obligations and the appropriate channels for filing reports.

The Auditor reviewed the agency's lesson plans and training curricula and verified that these elements are fully integrated into the specialized healthcare training program. Interviews with healthcare staff validated their understanding of these topics and their ability to apply the training in real-life situations.

Training records were comprehensive and included session outlines, attendance records, and post-training assessments. These records confirmed that each clinical team member completed all required training elements. The training is aligned with both agency policy and the standards outlined in §115.35.

Provision (b): Limitation on Forensic Exams

This provision was determined to be not applicable. Facility policy prohibits medical staff from conducting forensic examinations. In instances where forensic evidence collection is required, the individual is referred to an external medical facility where appropriately credentialed sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs) perform the examination in accordance with established protocols.

Provision (c): Verification of Training Completion

The Auditor confirmed through documentation and staff interviews that all designated medical and mental health personnel have completed the required specialized training. Training records were reviewed and cross-referenced with personnel files, each of which contained:

- Training completion dates;
- Topic outlines;
- Proof of attendance;
- Post-training knowledge assessments.

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| | <p>The presence of these records in each employee file confirms institutional accountability and compliance with documentation retention practices.</p> <p>Provision (d): Participation in General PREA Training</p> <p>In addition to the clinical training, medical and mental health practitioners also participate in the general PREA training required for all staff. This training reinforces the agency’s zero-tolerance policy, outlines the rights of incarcerated individuals, and covers general responsibilities in reporting and responding to sexual abuse. Sign-in sheets and annual refresher training agendas confirmed attendance and participation of all medical and mental health staff.</p> <p><u>CONCLUSION</u></p> <p>After conducting a thorough review of policies, training curricula, records, and staff interviews, the Auditor concludes that the facility is fully compliant with the requirements set forth in PREA Standard §115.35 – Specialized Training: Medical and Mental Health Care.</p> <p>The training provided to healthcare professionals is both policy-driven and practice-oriented, equipping staff with the tools and knowledge necessary to respond appropriately and compassionately to incidents of sexual abuse and harassment. Medical and mental health staff are well-versed in trauma-informed care principles, evidence preservation procedures, and the ethical and legal imperatives surrounding mandatory reporting.</p> <p>The facility’s approach reflects a strong institutional commitment to sexual safety and to ensuring that all personnel—including clinical staff—are prepared to meet the unique challenges of working within a correctional environment.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTATION REVIEWED</u></p> <p>To assess the facility’s adherence to PREA Standard §115.41, the Auditor conducted a comprehensive review of agency policies, intake protocols, and screening documentation. The following documents were examined:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all related materials; 2. CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual |

- Harassment Prevention and Intervention, effective July 20, 2015;
3. CDOC Administrative Directive 6.12, Section 11 – Screening for Risk of Victimization and Abusiveness, with emphasis on Subsection B – Post-Intake Reassessment;
 4. CDOC Administrative Directive 9.3 – Inmate Admissions, Transfers, and Discharges, particularly Section 7(A)(3) addressing screenings following inter-facility transfers;
 5. HR001 – Intake Screening Form;
 6. CN 9306 – PREA Screening Instrument.

These materials collectively outline the agency’s process for conducting objective, timely, and trauma-informed screenings to identify individuals at risk of sexual victimization or who may present a risk to others.

INTERVIEWS

Inmates

Individuals housed at the facility reported consistent experiences of being screened shortly after intake. Many recalled being asked questions concerning prior victimization, vulnerability, and self-harm. They confirmed that staff conducted these screenings in a respectful and confidential manner.

PREA Compliance Manager (PCM)

The PCM verified that PREA screenings are conducted using validated tools and reiterated that access to responses is limited to authorized staff such as classification, medical, mental health, and PREA personnel. This aligns with departmental policy regarding information sensitivity and confidentiality.

Staff Conducting Screenings

Screening personnel demonstrated detailed knowledge of the assessment process. They explained that reassessments occur whenever new or relevant information arises—such as an incident of sexual abuse, a referral, a self-report, or a change in housing status. Staff affirmed that no disciplinary action is ever taken against individuals who decline to answer sensitive screening questions.

PROVISIONS

Provision (a): Screening Upon Intake and Transfer

Per CDOC Administrative Directives 6.12 and 9.3, every individual entering the facility—whether as a new commitment or through transfer from another unit—is assessed for their risk of being sexually victimized or of potentially victimizing others. The screening process is documented using standardized forms (HR001 and CN 9306), and the assessments inform housing, supervision, and programmatic decisions.

Interview responses from individuals confirmed that screening occurred early in their

stay and that the questions were directly related to safety and vulnerability. Staff interviews and documentation corroborated that assessments are consistently performed both at admission and following transfers.

Provision (b): Timely Screening Within 72 Hours

Documentation submitted via the PAQ indicated that 100% of the 1,177 individuals admitted during the past 12 months were screened within the required 72-hour window. The Auditor's review of randomly selected case files confirmed timely and accurate completion of the HR001 and CN 9306 forms. Administrative Directive 9.3 reinforces that these screenings must be completed within 24 hours of arrival at the receiving facility.

Provision (c): Use of Objective, Validated Tools

The agency employs a structured, evidence-based screening tool designed to assess a range of risk indicators. The HR001 and CN 9306 instruments include weighted, objective scoring mechanisms that guide staff decision-making. The Auditor verified that the tools used meet PREA expectations and support consistent, unbiased evaluations.

Administrative Directive 9.3 mandates that intake, PREA, medical, and mental health staff collaborate in reviewing screening outcomes to inform individualized housing and programming decisions.

Provision (d): Screening Criteria

The intake screening process includes all required elements outlined by the standard, such as:

Age and physical stature;
Gender identity and sexual orientation;
Prior sexual victimization or abusiveness;
Perceived vulnerability and emotional well-being;
Criminal history and behavioral concerns.

It was confirmed through documentation that the facility does not house individuals solely for civil immigration detention.

Provision (e): Reassessments Following New Information

Staff interviews and file reviews confirmed that reassessments are conducted whenever there is an incident, a referral, or the receipt of new or updated information that might impact a person's risk level. Reassessment protocols are triggered by a variety of circumstances, including disclosure of victimization, changes in behavior, or changes in classification.

Provision (f): Reassessment Within 30 Days

According to the PAQ, all 1,003 individuals who remained at the facility beyond 30 days received a formal reassessment within that time frame. This was confirmed through review of case files and documentation demonstrating timely completion. Directive 6.12, Section 11(B), requires reassessment within 30 days post-intake or upon receipt of relevant information.

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| | <p>Provision (g): Reassessment Triggers</p> <p>Reassessment is not limited to the 30-day interval. As per agency policy and verified through interviews, reassessments are also conducted following:</p> <p>Requests by the individual; Referrals from staff; Incidents involving sexual abuse or harassment; Acquisition of information relevant to risk status.</p> <p>This proactive approach allows the agency to continuously monitor and respond to changing circumstances that may impact safety.</p> <p>Provision (h): No Disciplinary Action for Non-Participation</p> <p>Facility policy prohibits penalizing individuals who choose not to answer one or more screening questions. Both staff and incarcerated individuals confirmed that participation is voluntary and refusal does not affect housing or classification decisions.</p> <p>Provision (i): Confidentiality of Screening Information</p> <p>Screening responses and results are handled with discretion and shared only with staff who require access to fulfill legitimate duties. Administrative Directive 6.12 underscores that screening outcomes must never be used in a manner that could endanger or stigmatize the individual. Staff interviews confirmed appropriate safeguards are in place to prevent misuse or unauthorized disclosure.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of policies, procedures, documentation, and interviews with both staff and incarcerated individuals, the Auditor finds that the facility is in full compliance with PREA Standard §115.41 – Screening for Risk of Sexual Victimization and Abusiveness.</p> <p>The facility demonstrates a proactive, informed approach to risk screening. Intake and classification teams are well-trained, screenings are consistently completed within required timeframes, and reassessments occur when warranted. Confidentiality is maintained throughout, and screenings are conducted in a manner that prioritizes safety, dignity, and informed decision-making.</p> |
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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <u>SUPPORTING DOCUMENTATION REVIEWED</u> |

To evaluate compliance with PREA Standard §115.42, the Auditor conducted an extensive review of documentation demonstrating how screening information is applied to ensure the safety of individuals in custody. The following resources were reviewed:

1. Pre-Audit Questionnaire (PAQ) and facility-submitted supporting documentation;
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;
3. Section 11(C): Use of Screening Information
4. Section 11(D): Transgender and Intersex Inmates
5. Inmate Classification Records, including completed risk screening instruments (e.g., CN 9306) and documentation of classification outcomes.

Collectively, these documents reflect an integrated, policy-driven approach to utilizing screening data to enhance housing, programming, and supervision decisions, with a focus on minimizing the risk of sexual abuse and ensuring individual dignity and safety.

INTERVIEWS

PREA Coordinator (PC)

The PC explained that while initial demographic data may include sex assigned at birth, the facility's ongoing classification practices emphasize a holistic view of each individual's identity and safety. In particular, for individuals identifying as transgender or intersex, personal perspectives regarding safety are a primary consideration. The PC outlined the routine six-month reassessment schedule and noted that additional reviews occur whenever there is an incident, disclosure, or a change in status that might impact safety or risk.

Staff Responsible for Screening and Classification

Personnel involved in screening and housing determinations described the process as highly individualized. In addition to the formal risk screening tool, staff engage directly with newly admitted individuals to gather contextual information. Decisions related to housing, work, education, and programming placements are guided by both data-driven assessments and professional staff judgment.

PREA Compliance Manager (PCM)

The PCM confirmed that the agency is not currently subject to any federal or state legal mandates requiring dedicated housing or programs for individuals who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI). Individuals within these populations are housed in general population units unless specific safety concerns justify alternative placement. The PCM emphasized that high-risk individuals are never housed with those identified as sexually aggressive, and all decisions are made based on objective assessments rather than assumptions or stereotypes.

Transgender Individual in Custody

A transgender resident interviewed expressed satisfaction with their housing assignment and affirmed that their views on safety were solicited and respected during the classification process. The individual reported access to private shower arrangements and confirmed they had not been segregated from the general population based on gender identity.

PROVISIONS**Provision (a): Use of Screening Information for Housing and Program Placement**

According to both the PAQ and facility records, results from PREA screening tools are used to guide housing, bed, work, educational, and programming assignments. The screening process ensures that individuals assessed as vulnerable are not housed or assigned to activities with individuals assessed as sexually abusive. CDOC Directive 6.12, Section 11(C), mandates that all information gathered through the risk assessment process is used to inform classification decisions in accordance with the facility's broader classification framework.

Provision (b): Individualized Placement Decisions

Placement decisions are made on a case-by-case basis, considering each individual's unique risk and safety needs. Staff interviews confirmed that housing and program placements are tailored, not automated, and are based on a comprehensive understanding of each person's circumstances. Administrative Directive 6.12 reinforces this approach, requiring the classification committee to evaluate each case individually.

Provision (c): Specialized Consideration for Transgender and Intersex Individuals

CDOC policy requires a nuanced, individualized assessment for all individuals who identify as transgender or intersex. Classification decisions are not made solely based on identity but instead incorporate security considerations, safety concerns, and individual input. Section 11(D) of Directive 6.12 stipulates that placement decisions must prioritize safety and cannot rely solely on a person's LGBTI status.

Provision (d): Ongoing Reassessment of Housing and Program Placements

Housing and program assignments for transgender and intersex individuals are formally reviewed every six months at minimum or whenever incidents arise that suggest a need for reevaluation. This practice ensures timely and responsive adjustments to placements that reflect changes in risk level, behavior, or personal concerns. The practice aligns with Section 11(D) of Directive 6.12 and was substantiated through staff interviews and documentation.

Provision (e): Respect for Personal Views on Safety

Staff confirmed that individuals' own views regarding their safety are not only documented but carry significant influence in determining housing and programming. The facility prioritizes open communication and trust-building to ensure individuals feel safe disclosing concerns. This respect for personal input is consistent with PREA's

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| | <p>trauma-informed principles and reinforced by policy language requiring staff to consider these perspectives seriously.</p> <p>Provision (f): Access to Separate Showering Facilities</p> <p>In accordance with policy and observed practice, individuals who identify as transgender or intersex are afforded the opportunity to shower separately. Options include the use of single-stall showers with privacy curtains or screens and the scheduling of shower times that reduce potential exposure or discomfort. Interviews with both individuals and staff confirmed that requests for separate showers are consistently honored and that the environment supports privacy and dignity.</p> <p>Provision (g): Prohibition of Segregated Housing Based Solely on PREA</p> <p>The facility does not isolate or segregate individuals based solely on identification as lesbian, gay, bisexual, transgender, or intersex. Placement in separate housing units is only considered if explicitly required by legal settlement or court order, none of which are currently applicable. This practice complies with Section 11(D) of CDOC Administrative Directive 6.12, which prohibits such placement unless legally mandated.</p> <p><u>CONCLUSION</u></p> <p>Following an in-depth review of relevant policies, procedures, classification records, and interviews with staff and incarcerated individuals, the Auditor concludes that the facility is fully compliant with PREA Standard §115.42 – Use of Screening Information. Screening data is used appropriately and confidentially to drive individualized decisions that prioritize safety and dignity.</p> <p>The facility’s classification and housing processes reflect best practices in correctional management, with special attention to the needs of vulnerable populations, particularly transgender and intersex individuals. The use of trauma-informed, individualized assessment practices ensures that all decisions are person-centered and aligned with the core objectives of PREA.</p> |
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| 115.43 | Protective Custody |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>SUPPORTING DOCUMENTS REVIEWED</p> <p>To evaluate the facility’s adherence to the federal PREA requirements surrounding the use of protective custody, the Auditor examined the following resources:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) submitted by the facility, along with all related supporting materials; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, |

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

3. CDOC Directive 6.12, Section 11, Screening for Risk of Sexual Victimization and Abusiveness, including Subsection B: After Intake to the Facility, which outlines agency procedures for protective housing and reassessment requirements.

These documents provide policy-based guidance on managing individuals who may be at risk of sexual abuse and underscore the agency's philosophy of using restrictive housing for protection only as an absolute last resort.

INTERVIEWS

Facility Administrator (or Designee)

The facility's chief administrator confirmed during the interview that no individual had been placed in segregated housing as a protective measure related to sexual victimization risk during the past 12 months. The administrator explained that restrictive placements are reviewed every 30 days for justification, in line with CDOC policy, and that protective custody is never used without documented attempts to explore less restrictive alternatives.

Segregation Unit Supervisory Staff

Staff responsible for supervising restrictive housing units indicated that they had not witnessed any placements resulting from a PREA-related concern such as fear of sexual abuse or as a response to a reported assault. All segregation placements observed during the on-site audit were based on administrative or disciplinary reasons. Staff demonstrated awareness of the PREA prohibitions against using involuntary segregation solely as a precautionary measure without justification.

Inmates Housed in Restrictive Units

At the time of the audit, no individuals were housed in segregation for reasons related to sexual victimization or protective custody under PREA provisions. Consequently, there were no individuals to interview who had experienced protective custody under these circumstances.

PREA Compliance Manager (PCM)

The PCM verified that in the past 12 months, there were no cases where individuals were placed in protective housing or involuntary segregation due to risk of sexual abuse or as a consequence of reporting sexual victimization. This assertion was supported by documentation and site review. The PCM emphasized that all decisions related to separation are based on documented assessments, and that protective housing would only be considered if all less restrictive measures had been exhausted.

PROVISIONS

Provision (a): Avoidance of Involuntary Segregation for Protective Purposes

The facility has implemented a strict policy prohibiting the use of involuntary segregation to house individuals identified as vulnerable to sexual abuse, unless no other viable options are available to ensure their immediate safety. CDOC Directive 6.12, Section 11(B), reinforces this by stating that protective safekeeping may only be used when alternatives have been considered and ruled out.

During the audit period, there were no instances where individuals were held in segregation due to their risk status or as a result of being a victim of sexual abuse. This was confirmed through the PAQ, interviews with the PCM and Facility Head, and a review of housing records. As such, no interviews were conducted with impacted individuals for this provision.

Provision (b): Access to Programs and Privileges During Protective Housing

The facility affirmed that, if an individual were ever placed in protective housing, efforts would be made to ensure access to essential privileges and services—including programming, work, education, and recreational opportunities—to the extent possible. While this provision could not be directly observed due to the absence of such placements, the PCM and Facility Head provided consistent responses affirming the agency’s compliance.

According to CDOC policy, any restrictions placed on individuals in protective housing must be clearly documented, including rationale, scope, and duration. Staff were knowledgeable about these requirements and demonstrated an understanding of their obligation to maintain access to rehabilitative activities for all individuals in custody, including those temporarily separated for safety.

Provision (c): Limiting Duration of Protective Segregation Placements

Both the PAQ and staff interviews confirmed that no individuals had been held in protective segregation for more than 30 days during the audit period. CDOC policy mandates that any such temporary placement be actively reassessed to identify more appropriate housing options within that timeframe. In practice, the facility had no relevant cases, and therefore no documentation or interviews were available for review under this provision.

Provision (d): Required Justification and Reassessment

In the event that a protective custody placement does occur, the facility is obligated to document a clear and compelling reason why less restrictive alternatives were not feasible, and to reassess the individual’s housing status weekly. According to the PCM, there were no qualifying placements during the review period, and thus no reassessment records existed for audit.

Nonetheless, CDOC Administrative Directive 6.12 articulates specific expectations for documenting and re-evaluating such placements, ensuring that restrictive housing is not misused as a default solution.

Provision (e): Ongoing 30-Day Reviews for Continued Separation

CDOC policy requires that any individual placed in protective housing for PREA-related reasons receive a formal review every 30 days to assess whether continued separation is necessary. The facility’s PCM confirmed that no such reviews were

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| | <p>conducted in the past 12 months because no qualifying placements occurred.</p> <p><u>CONCLUSION</u></p> <p>After conducting a comprehensive review of applicable policies, operational documentation, interviews with staff, and an analysis of housing practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.43 – Protective Custody.</p> <p>The agency has established policies that strictly limit the use of involuntary segregation as a response to risk of sexual victimization. Staff are clearly trained on the standard’s intent and requirements, and the facility has not engaged in any practices that violate its provisions. The absence of qualifying placements over the past year further reflects the facility’s commitment to using less restrictive, trauma-informed housing decisions that protect vulnerable individuals without compromising access to programs, dignity, or due process.</p> |
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| 115.51 | Inmate reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>REVIEW OF SUPPORTING DOCUMENTATION</u></p> <p>To assess the facility’s compliance with the provisions of PREA Standard §115.51 – Inmate Reporting, the Auditor conducted a thorough review of a comprehensive set of documents, including:</p> <ol style="list-style-type: none"> 1. The completed Pre-Audit Questionnaire (PAQ) and accompanying materials provided by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. Section 10 of Directive 6.12 – Inmate Education; 4. Section 12 – Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment; 5. Section 13 – Staff Monitoring and Intervention; 6. Facility-posted PREA Zero Tolerance Posters in English and Spanish; 7. The CDOC Inmate Handbook PREA Supplement, which provides a general overview of inmates’ rights, protections, and responsibilities related to PREA. <p>These resources establish the framework for the facility’s inmate reporting mechanisms, communication channels, and procedural safeguards in responding to reports of sexual abuse and sexual harassment.</p> |

ON-SITE OBSERVATIONS

During the facility walkthrough, the Auditor observed numerous visible and accessible PREA awareness materials displayed in housing units, intake areas, program spaces, hallways, and dining areas. Posters in both English and Spanish clearly conveyed the agency's zero-tolerance policy toward sexual abuse and harassment and included step-by-step reporting instructions.

Inmate telephone systems were tested in several housing units and found to be fully operational. Staff verified that the phones could be used by incarcerated individuals to confidentially report abuse or harassment to internal or external reporting bodies. These systems were accompanied by signage explaining their function and confidentiality protections.

INTERVIEWS

Facility Head (or Designee):

The Facility Administrator confirmed that any placement in restrictive housing, regardless of purpose, is formally reviewed at least every 30 days. They emphasized that protective housing is not used for individuals reporting sexual abuse or those identified as vulnerable unless all less restrictive alternatives have been ruled out.

Staff Assigned to Segregated Housing:

Custody staff working in the restrictive housing units stated that no individual had been placed in segregation due to sexual abuse allegations or fear of victimization. Segregation was used only for administrative or disciplinary purposes during the audit review period.

Inmates in Segregation:

There were no incarcerated individuals housed in segregation at the time of the audit due to PREA-related concerns. All segregation placements were confirmed to be non-PREA-related, eliminating the need for targeted interviews under this standard.

PREA Compliance Manager (PCM):

The PCM confirmed that no instances of involuntary segregation related to risk of sexual abuse had occurred during the past 12 months. This included protective custody, administrative segregation, or disciplinary confinement arising from a PREA-related report. These statements were substantiated by documentation and facility records.

PROVISIONS

Provision (a): Multiple Confidential Reporting Avenues

The facility provides multiple, accessible, and confidential ways for individuals in custody to report sexual abuse, sexual harassment, and fear of victimization. This includes verbal reports to staff, written communication, anonymous methods (such as grievance forms or secure drop boxes), third-party reports, and phone access to external reporting entities.

CDOC Administrative Directive 6.12, Section 12 affirms these procedures and requires all reports—whether verbal, written, or third-party—to be taken seriously and documented promptly. The PREA Supplement to the Inmate Handbook outlines these options in language that is clear and understandable, reinforcing the message that retaliation for reporting is strictly prohibited.

Provision (b): Third-Party and External Reporting Options

The facility supports and encourages third-party reporting, allowing friends, family members, attorneys, or advocates to report incidents on behalf of individuals in custody. Reports may be submitted via mail, phone, or online channels, and all such communications are treated as confidential.

Interviews with the PCM and Facility Head affirmed that staff are trained to accept and process third-party allegations without delay and without requiring the involvement of the named individual unless necessary for the investigation.

Provision (c): Access to External Entities for Reporting

Individuals in custody have access to external, independent organizations and hotlines through which they may report sexual abuse or sexual harassment. Facility phones are programmed with toll-free numbers that do not require a PIN or account and are not monitored or recorded.

Observation and testing of the phone systems confirmed that incarcerated individuals could freely and privately access these resources, which are also posted in every housing unit alongside written instructions and contact information in both English and Spanish.

Provision (d): Staff Reporting Responsibilities

All staff are trained to report immediately and directly to designated supervisors or the facility PREA Compliance Manager upon receiving any report of sexual abuse or harassment. Staff may also use confidential channels to report suspicions or disclosures and are strictly prohibited from ignoring or minimizing allegations.

Administrative Directive 6.12, Section 13 outlines staff duties and expectations, including required documentation and timelines for response. Staff interviews reflected a solid understanding of these requirements and an emphasis on maintaining the integrity of the reporting process.

Provision (e): Availability of Anonymous Reporting

Inmates are informed that they may submit anonymous or confidential reports of sexual misconduct without fear of reprisal. Grievance forms, locked boxes, and access to external agencies provide options for individuals who may be uncomfortable reporting directly to staff. Facility policies ensure that these reports are still investigated with the same urgency and seriousness as named reports.

CONCLUSION

Following a detailed review of agency directives, facility-level procedures, documentation, inmate materials, and on-site observations, the Auditor concludes

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| | <p>that the facility is in full compliance with PREA Standard §115.51 – Inmate Reporting.</p> <p>The agency has established a robust system for reporting sexual abuse and sexual harassment, incorporating multiple confidential reporting channels, third-party access, and external oversight. Policies and practices are well-documented and actively implemented, ensuring that all individuals—regardless of housing status or custodial level—have meaningful and confidential access to the reporting mechanisms they need to stay safe.</p> <p>The culture at the facility reflects a serious and proactive approach to preventing and addressing sexual abuse, with a commitment to transparency, accountability, and responsiveness.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS REVIEWED</u></p> <p>To assess the agency’s adherence to PREA Standard §115.52 – Exhaustion of Administrative Remedies, the Auditor reviewed the following documents:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. The CDOC Inmate Handbook PREA Supplement, which provides inmates with essential information about how to report sexual abuse or harassment and outlines protections under the PREA framework. <p>These documents collectively establish the agency’s position regarding the role—or intentional exclusion—of the administrative grievance process in responding to allegations of sexual abuse and harassment.</p> <p><u>INTERVIEWS</u></p> <p>Inmate – Random and Targeted:</p> <p>In interviews with a cross-section of the inmate population—including randomly selected individuals as well as individuals from specific housing units or demographics—the Auditor consistently received the same information: the facility does not use the general grievance system for complaints related to sexual abuse or sexual harassment. Those interviewed indicated that PREA allegations are addressed separately and directly, not through the standard grievance procedures used for other</p> |

types of complaints.

Staff - Random and Specialized:

Security, classification, mental health, and administrative staff members across a variety of posts confirmed that PREA-related complaints are immediately removed from the general grievance process and routed through the agency's formal PREA response protocol. Staff consistently described a well-understood procedure wherein written grievances that contain allegations of sexual misconduct are escalated to the facility's PREA Compliance Manager (PCM) or designated investigator for immediate attention, bypassing any traditional grievance resolution path.

PROVISIONS

Provision (a): No Requirement to Exhaust Administrative Grievances

The Connecticut Department of Correction does not require individuals in custody to use the administrative grievance system to report allegations of sexual abuse or sexual harassment. This is explicitly stated in the PAQ and confirmed through interviews and review of the Inmate Handbook PREA Supplement.

If an incarcerated individual submits a written grievance containing an allegation of sexual abuse or harassment, that document is not treated as a standard grievance. Instead, it is reclassified and processed under PREA protocols in accordance with CDOC Administrative Directive 6.12. The agency has formalized this practice in writing and has trained staff accordingly.

The PREA Supplement reiterates this policy and clearly communicates to incarcerated individuals that there is no requirement to file a grievance before a sexual abuse report will be addressed. Allegations can be made verbally, in writing, through third parties, or anonymously—and they will all be acted upon outside of the grievance framework.

Provisions (b) through (g): Not Applicable

Because the agency does not utilize an administrative grievance process for addressing sexual abuse allegations, the remaining provisions (b through g) of the standard—which pertain to deadlines for filing, provisions for assistance, emergency grievance options, and procedures for appeals—do not apply in this context.

This exemption is consistent with the PREA standard itself, which acknowledges that agencies may establish procedures outside the grievance system to address reports of sexual abuse. The agency's model ensures that allegations are addressed immediately and investigated appropriately without requiring incarcerated individuals to navigate bureaucratic grievance requirements.

CONCLUSION

After conducting an in-depth review of applicable policies, official facility

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| | <p>documentation, and firsthand accounts from both incarcerated individuals and facility staff, the Auditor finds that the agency is in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies.</p> <p>The Connecticut Department of Correction has taken a clear and proactive stance: sexual abuse allegations are never delayed or dismissed due to grievance system requirements. Instead, the agency has created an accessible, trauma-informed, and direct mechanism for individuals in custody to report sexual victimization. This approach aligns fully with the intent of the standard and promotes timely, survivor-centered responses to reports of abuse.</p> <p>The facility’s procedures eliminate unnecessary barriers, reinforce the agency’s commitment to accountability, and uphold the safety and dignity of all individuals in custody.</p> |
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| 115.53 | Inmate access to outside confidential support services |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS REVIEWED</u></p> <p>To evaluate compliance with PREA Standard §115.53 regarding inmate access to external confidential support services, the Auditor examined an array of facility and agency-level resources, including:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and related supporting evidence submitted by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. Administrative Directive 6.12, Section 10 (Inmate Education); 4. A current Memorandum of Understanding (MOU) between CDOC and Connecticut Sexual Assault Crisis Services (CONNSACS); 5. The CDOC Inmate Handbook, both English and Spanish versions. <p>These documents articulate the agency’s established procedures for informing individuals in custody of their rights to confidential advocacy and emotional support services, as well as the operational framework for connecting incarcerated survivors to external crisis intervention resources.</p> |

OBSERVATIONS

During the on-site visit, the Auditor observed a strong visual presence of PREA-related informational materials throughout the correctional environment. Posters and placards addressing sexual abuse prevention, reporting options, and available resources were strategically placed in housing units, dayrooms, intake areas, medical corridors, visitation lobbies, and dining spaces.

All signage included information in both English and Spanish, and prominently featured the toll-free number for external advocacy services. The PREA messaging was survivor-centered, easy to understand, and accessible at eye level in areas frequently used by those in custody.

Additionally, the Auditor conducted functionality checks on telephones in various housing units. All tested phones were in good working order. Staff confirmed that phone access is routinely verified during security checks and that calls to the external crisis support line are toll-free, unmonitored, and unrestricted.

INTERVIEWS

Inmates

A combination of randomly selected and targeted individuals were interviewed. Across the board, they demonstrated clear awareness of their right to seek confidential support from an outside advocacy provider. Several individuals identified CONNSACS as the designated service provider and were able to explain how to access this support through the toll-free hotline (9444#).

Inmates reported learning about their rights through PREA orientation, posters, and the Inmate Handbook. Many understood that conversations with advocates are private but may be subject to some limitations due to mandatory reporting laws. Still, they conveyed a sense of trust in the confidentiality and usefulness of these services.

PREA Compliance Manager (PCM)

The PCM verified that the facility maintains an active and up-to-date MOU with Connecticut Sexual Assault Crisis Services. The agreement establishes a formal relationship between CDOC and CONNSACS, allowing advocates to support survivors of sexual abuse through various phases of reporting and recovery. The PCM emphasized the facility's responsibility to notify inmates of the scope and limitations of confidentiality—particularly around reporting obligations under state law.

Representative from CONNSACS

The Auditor also conducted an interview with a staff member from CONNSACS, who affirmed that the agency provides trained advocates to offer crisis counseling, accompaniment during forensic exams and investigations, and ongoing support. The representative noted that all advocates are trained in trauma-informed care, are familiar with correctional procedures, and communicate clearly to individuals about

confidentiality boundaries prior to engagement.

PROVISIONS

Provision (a): Access to External Support Services

The facility has implemented clear procedures to ensure that every incarcerated person has meaningful access to confidential victim advocacy services. Posters, handbooks, and intake materials provide contact information and instructions for reaching an outside support provider. CDOC Administrative Directive 6.12 affirms the agency's obligation to coordinate with rape crisis centers or alternative qualified organizations. This practice was corroborated by on-site observations and interviews.

Provision (b): Informing Inmates About Confidentiality Limits

The agency fulfills its duty to notify incarcerated individuals of the limits of confidentiality before services are provided. Both facility staff and CONNSACS advocates confirm that individuals are informed—prior to engagement—that certain disclosures may trigger mandated reporting or institutional response. This upfront transparency builds trust and ensures informed participation.

Provision (c): Formal Agreement with Advocacy Provider

The Memorandum of Understanding between CDOC and CONNSACS establishes a comprehensive system of support, ensuring that incarcerated individuals have access to qualified, external victim advocates. These services include emotional support, crisis response, and accompaniment during sensitive procedures. The MOU solidifies roles, responsibilities, and communication protocols, reflecting a trauma-informed, survivor-centered philosophy consistent with PREA standards.

CONCLUSION

Based on a thorough examination of policies, documentation, observations, and stakeholder interviews, the Auditor finds the Connecticut Department of Correction to be fully compliant with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services.

The agency has demonstrated a strong, well-structured commitment to ensuring individuals in custody have access to external, confidential advocacy. Through clear policies, a formal partnership with a reputable rape crisis organization, and visible educational materials, the facility prioritizes trauma-informed support and empowers survivors to seek help safely and confidently.

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

Auditor Discussion

SUPPORTING DOCUMENTATION

To assess the facility's compliance with PREA Standard §115.54 regarding third-party reporting of sexual abuse and sexual harassment, the Auditor conducted a detailed review of the following materials:

Pre-Audit Questionnaire (PAQ) and all related documentation provided by the facility; Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, specifically Section 12, page 9;

A current Memorandum of Understanding (MOU) between CDOC and the Connecticut Alliance to End Sexual Violence;

The CDOC's official public-facing website: www.portal.ct.gov/doc/miscellaneous/prea;

The CDOC Inmate Handbook, dated September 2024.

Collectively, these documents demonstrate a clear institutional framework that supports and encourages the reporting of sexual misconduct by individuals external to the correctional environment. They also establish procedures for how third-party allegations are received, documented, and investigated.

INTERVIEWS

Inmates

The Auditor conducted interviews with a diverse group of incarcerated individuals, both randomly selected and intentionally targeted to represent a variety of demographics and housing placements.

Nearly all individuals reported that they were aware of their right to have others—such as family members, attorneys, spiritual advisors, or advocacy organizations—report incidents of sexual abuse or harassment on their behalf. Most recalled learning about these options during the facility's PREA education and orientation at intake, with ongoing reinforcement through posters and informational materials displayed throughout the housing units and communal areas.

Several individuals stated that they felt confident in the effectiveness of third-party reporting mechanisms. They indicated that external reports, in their understanding, would be taken seriously, logged by staff, and appropriately investigated. This level of awareness and trust in the system reflects the strength of the facility's communication efforts and commitment to transparency.

PROVISIONS

Provision (a): Availability and Awareness of Third-Party Reporting

The facility has established a comprehensive and accessible system that enables third parties—such as loved ones, legal advocates, community members, and others

outside the correctional setting—to report sexual abuse or harassment on behalf of an incarcerated person. These mechanisms are widely communicated and designed to accommodate a variety of communication preferences.

Specifically, Administrative Directive 6.12, Section 12 (p. 9), clearly outlines that any individual with relevant knowledge, regardless of their relationship to the incarcerated person, is permitted to report allegations of sexual abuse or sexual harassment.

Acceptable third-party reporters include:

- Another incarcerated individual;
- Family members or guardians;
- Legal representatives;
- Facility staff;
- Community-based advocates;
- Concerned members of the public.

CDOC provides several official reporting avenues for these third parties, including:

- The agency’s publicly accessible website, which contains detailed PREA information and instructions for submitting a report;
- A toll-free, confidential PREA reporting number (*9222#) accessible to residents from within the facility;
- Direct reporting to the Connecticut State Police via an inmate-accessible hotline (*9333#);
- Access to Connecticut Alliance to End Sexual Violence through a PREA-specific hotline (*9444#) and two 24-hour multilingual crisis lines:
English: 1-888-999-5545
Spanish: 1-888-568-8332

These reporting methods are advertised extensively throughout the facility in visible, high-traffic areas and are included in the Inmate Handbook and PREA orientation materials. Incarcerated individuals consistently demonstrated an understanding of these resources and acknowledged that they could instruct a trusted individual outside the facility to report an incident on their behalf.

CONCLUSION

Based on a comprehensive review of agency policy, public materials, written documentation, and direct interviews with incarcerated individuals, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.54 – Third-Party Reporting.

The agency has developed a clear, accessible, and reliable infrastructure for third-party reporting of sexual abuse and harassment. The available channels are well-publicized, and those in custody are educated on how others may report incidents on their behalf. CDOC’s policies and practices reflect a genuine commitment to survivor access, community involvement, and the prompt investigation of all

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| | allegations—regardless of how or by whom they are submitted. |
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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS REVIEWED</u></p> <p>To evaluate the facility’s compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties, the Auditor conducted an in-depth review of the following key documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and supporting documentation submitted by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. CDOC Administrative Directive 6.6, Reporting of Incidents; 4. CDOC Directive 6.12, Section 13, Staff Monitoring and Intervention (Page 10). <p>These materials detail the agency’s mandatory reporting framework, which establishes staff responsibilities for reporting incidents or suspicions of sexual abuse or harassment, along with associated confidentiality protocols, documentation requirements, and mandatory notifications to child or adult protective services, where applicable.</p> <p><u>INTERVIEWS</u></p> <p>Random Staff</p> <p>During interviews with randomly selected staff members from a range of job classifications and shifts, the Auditor found a strong and consistent understanding of reporting responsibilities related to sexual abuse and harassment. Staff clearly articulated that all allegations, suspicions, or knowledge of such incidents must be immediately reported, regardless of whether the source of information is a firsthand disclosure, an anonymous tip, or a third-party account.</p> <p>Staff confirmed that reports are routed through the appropriate chain of command, often beginning with a direct supervisor or shift commander, and ultimately reach the facility’s designated investigator or PREA Compliance Manager. All staff interviewed demonstrated awareness of the requirement to report even the possibility of misconduct and stated that failure to report would be considered a serious policy</p> |

violation.

In addition, staff were well-versed in confidentiality expectations, stating that only those with a legitimate professional need to know—such as medical providers, mental health clinicians, investigators, and security personnel responsible for protective action—should be privy to such information.

Medical and Mental Health Providers

Medical and behavioral health personnel confirmed they are mandated to report any disclosures of sexual abuse made by a patient during the course of clinical care. They emphasized that before initiating services, they inform individuals of the limits to confidentiality, including their legal obligation to report incidents of abuse. This practice aligns with both PREA requirements and applicable state laws.

Providers stated they complete internal documentation and notify the facility's PREA point of contact or designated investigator without delay. They reported receiving regular PREA-related training that reinforces these responsibilities.

Facility Head

The Facility Head or designee conveyed that staff are trained and expected to report all allegations, including those involving acts committed in other facilities, allegations made by third parties, and any reported retaliation against survivors or witnesses. Leadership emphasized that these responsibilities apply to every staff member, regardless of rank or job classification.

They also confirmed that documentation requirements are clearly outlined and enforced, and that reports are tracked and routed to ensure timely follow-up and investigation.

PREA Director

The agency's PREA Director corroborated that all CDOC personnel are bound by immediate reporting duties. The Director noted that the agency has implemented systemwide protocols to ensure uniformity in how reports are received, recorded, escalated, and investigated. Emphasis was placed on swift, neutral, and thorough handling of all reports—no matter the reporting method or origin.

PROVISIONS

Provision (a): Immediate Staff Reporting

The Auditor confirmed through interviews and documentation that all CDOC employees are obligated to immediately report any information or suspicion of sexual abuse, sexual harassment, retaliation, or staff negligence that may have allowed such incidents to occur. This includes knowledge obtained directly, from anonymous sources, or via third parties. The requirements apply even if the reported incident occurred at another facility. This policy is clearly articulated in CDOC Directive 6.12,

Section 13 and further supported in Directive 6.6.

Provision (b): Confidentiality of Reports

Interviews and documentation confirm that staff are strictly prohibited from discussing sexual abuse allegations except with those who have a clear professional need to know. The facility enforces these boundaries to ensure confidentiality, protect the dignity of the person making the report, and preserve the integrity of any subsequent investigation.

Provision (c): Medical/Mental Health Reporting Protocols

Health professionals working within the facility are required to notify individuals at the outset of any clinical interaction that certain disclosures—particularly those related to sexual abuse—must be reported in accordance with law and policy. The duty to report is not optional, and practitioners must clearly outline the limits of confidentiality before proceeding with services. This practice is consistent with CDOC Directives 6.12 and 6.6 and applies across all levels of care.

Provision (d): Notification to Protective Services

In cases involving individuals under 18 or those classified as vulnerable adults under state law, CDOC policy mandates reporting to external protective service agencies. The agency does not delay notification when such mandatory reporting applies, and the appropriate authorities are contacted as part of a coordinated institutional response.

Provision (e): Routing Allegations to the Investigator

The Auditor confirmed that all sexual abuse or harassment allegations, regardless of whether they originate from anonymous sources, third parties, or directly from the individual affected, are immediately referred to the designated facility investigator. Interviews with staff at multiple levels supported the consistency of this practice. No reports were found to have been mishandled or delayed.

CONCLUSION

Based on a comprehensive evaluation of agency directives, supporting documentation, and interviews with a broad and diverse sample of facility personnel, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.61 – Staff and Agency Reporting Duties.

The agency has developed clear and enforceable protocols to ensure that every report, suspicion, or disclosure related to sexual abuse or harassment is handled promptly, responsibly, and in accordance with both federal standards and state law. Staff at all levels demonstrated a strong commitment to safety, confidentiality, and the ethical management of sensitive information. This facility operates within a culture of accountability that reinforces mandatory reporting as a core operational value.

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To evaluate institutional compliance with the requirements of PREA Standard §115.62 – Agency Protection Duties, the Auditor conducted a detailed analysis of the following documentation:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all supporting materials submitted by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. CDOC Directive 6.12, Section 11, addressing Screening for Risk of Victimization and Abusiveness; 4. CDOC Administrative Directive 9.9, Protective Management, specifically Section 6, Determination of Substantial Risk. <p>Together, these directives establish the agency’s overarching commitment to identifying imminent threats, protecting vulnerable individuals, and swiftly responding to emergent risks of sexual abuse in custody.</p> <p><u>OBSERVATIONS</u></p> <p>No cases involving imminent risk were reported or documented during the audit review period; however, all staff interviewed could articulate specific and accurate actions they would take in response to such a scenario.</p> <p>The PREA Compliance Manager and Facility Head both stressed the importance of documenting all protective responses, even in cases where the threat turns out to be unsubstantiated, to ensure accountability and transparency.</p> <p>The facility’s internal systems allow for rapid coordination between housing, security, investigative, and clinical teams to mobilize appropriate protective resources immediately upon receiving a report.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head</p> <p>During the on-site interview, the Facility Head (or designated representative) clearly outlined the facility’s expectations for responding to credible threats of sexual abuse. They emphasized that any indication that a resident may be in danger triggers an immediate protective response, including—but not limited to—relocation of the vulnerable individual, separation of the potential aggressor, and coordination with</p> |

investigative and medical staff. These responses are implemented without delay, regardless of whether the threat is confirmed or only suspected.

Random Staff

Randomly selected staff members demonstrated a consistent and proactive approach when describing how they would respond to an identified or reported risk. Staff stated that their first obligation is to ensure the safety of the at-risk individual, including separating them from the alleged perpetrator, securing the scene to preserve evidence, and notifying supervisory staff and the facility's PREA Compliance Manager. Their responses indicated strong familiarity with the agency's protection duties and an institutional culture that prioritizes swift intervention and thorough documentation.

PREA Compliance Manager (PCM)

The PCM confirmed that the facility follows a zero-tolerance policy for delay in responding to reports or indicators of imminent sexual abuse. The PCM explained that housing reassignments are prioritized based on risk level, and that the facility maintains internal protocols for triggering emergency protective responses. They emphasized that the potential perpetrator may also be moved or isolated if that is the most appropriate course of action, reinforcing the facility's commitment to maintaining a safe environment for all individuals in custody.

PROVISIONS

Provision (a): Immediate Protective Action

According to the PAQ, the facility reported no incidents within the 12 months preceding the audit in which a resident was determined to be at substantial risk of imminent sexual abuse. Nonetheless, interviews and policy review confirm that the agency has clearly defined mechanisms in place to respond effectively should such a situation arise.

CDOC Administrative Directive 6.12, Section 11, mandates that any allegation or report suggesting a substantial and immediate threat must be escalated for rapid review and immediate protective action. Emergency grievances involving risk of sexual abuse are prioritized, with an initial response required within 48 hours and a final decision issued within five calendar days. Both phases must document the level of risk and outline the protective measures implemented.

Complementing this, Directive 9.9, Section 6, provides guidance on assessing the credibility and urgency of the threat, establishing a protocol for determining whether a resident qualifies for protective management due to a substantial risk. The policy balances institutional safety, operational feasibility, and the dignity of the individual at risk.

CONCLUSION

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| | <p>Based on a comprehensive review of CDOC policy, facility-level practices, the Pre-Audit Questionnaire, and interviews conducted with personnel at multiple levels of responsibility, the Auditor finds the facility to be in full compliance with PREA Standard §115.62 – Agency Protection Duties.</p> <p>Although there were no instances requiring activation of this protocol during the audit period, the facility has demonstrated both a well-established response infrastructure and a culture of vigilance. Staff are equipped with the knowledge, authority, and support necessary to act immediately in protecting residents from known or perceived threats. This proactive stance on safety exemplifies a strong institutional commitment to preventing sexual abuse and maintaining a trauma-informed correctional environment.</p> |
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| 115.63 Reporting to other confinement facilities | |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To determine the facility’s level of compliance with the requirements of PREA Standard §115.63 – Reporting to Other Confinement Facilities, the Auditor examined a comprehensive set of agency-issued materials, including:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and associated documentation submitted by the facility; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, titled Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. CDOC Administrative Directive 6.6, Reporting of Incidents, which outlines requirements for internal and external notifications involving safety-related events; 4. CDOC Directive 6.12, Section 13, Staff Monitoring and Intervention, which establishes reporting expectations and coordination protocols when an allegation originates outside the current facility. <p>These materials collectively reflect the agency’s formal commitment to ensuring that any report of sexual abuse—regardless of where it allegedly occurred—is handled swiftly, transparently, and in compliance with the mandates of the Prison Rape Elimination Act.</p> <p><u>INTERVIEWS</u></p> |

Facility Head

The individual designated to represent the agency's executive leadership confirmed that CDOC policy treats any allegation involving sexual abuse—whether the alleged event occurred within the agency or under the jurisdiction of another facility—as serious and credible. The designee explained that CDOC protocol mandates immediate reporting, referral for investigation, and formal notification to the appropriate facility head.

Facility Head

The Facility Head reported that the process of notifying another facility's leadership begins immediately upon receipt of the allegation. Notifications are documented and tracked, and all communication occurs within the required 72-hour window—often much sooner. The administrator emphasized that this protocol applies whether the alleged incident occurred in another CDOC facility or in a facility operated by a different jurisdiction altogether.

PREA Compliance Manager (PCM)

The PCM described their role as the central point of contact for processing and coordinating PREA-related inter-facility notifications. When a report involves an allegation from a different correctional setting, the PCM ensures that documentation is complete, notification is sent to the correct authority, and that the timeline complies with PREA standards. The PCM also confirmed that any such allegations are promptly referred to investigative authorities, typically the Connecticut State Police, if warranted by policy or severity.

PROVISIONS**Provision (a): Receiving Reports of External Abuse**

The PAQ indicates that the facility received two reports within the past 12 months alleging that individuals in custody had experienced sexual abuse while housed in another confinement facility. In both cases, the notifications were handled in strict accordance with CDOC policy. The Facility Head or designee took immediate responsibility for ensuring that the administrator of the facility where the abuse allegedly occurred was informed.

CDOC Administrative Directive 6.6 specifies that any staff member who becomes aware of such an allegation must report it immediately to the facility's PREA Compliance Manager, who then triggers the external notification process.

Provision (b): Timeliness of Notification

Facility documentation and interviews verified that notifications to the external facility were completed well within the federally mandated 72-hour timeframe. In fact, documentation submitted during the audit review showed that both notifications were

issued within 24 hours of receipt of the allegation.

Administrative Directive 6.6 explicitly requires that notifications to other facilities be both timely and well-documented, ensuring that every report is addressed promptly and effectively.

Provision (c): Documentation of Notifications

Audit evidence demonstrated that comprehensive records were maintained for each report received. In both instances during the audit period where a notification was necessary, staff provided the Auditor with corresponding documentation—including dated email correspondence and internal memos—verifying that proper procedure had been followed.

This documentation reflected a clear chain of responsibility, proper content of notifications, and reliable timing, reinforcing the agency's commitment to PREA compliance and cross-facility coordination.

Provision (d): Responding to External Allegations About the Facility

The facility reported that it did not receive any allegations from other agencies or jurisdictions concerning incidents of sexual abuse said to have occurred at this facility during the previous 12 months. However, the Facility Head and PCM stated unequivocally that if such a notification were received, the matter would be treated as a formal allegation and referred immediately for investigation through the appropriate channels, including the Connecticut State Police.

CDOC Administrative Directive 6.12, Section 13, mandates that any such external notification be handled with the same urgency and formality as a report originating internally. Investigations are launched promptly, and the rights and safety of the alleged victim are prioritized.

CONCLUSION

Based on the thorough review of agency policy, procedures, notification records, and staff interviews, the Auditor finds the Connecticut Department of Correction and this facility to be fully compliant with PREA Standard §115.63 – Reporting to Other Confinement Facilities.

The agency has established an effective system for ensuring that allegations of sexual abuse are taken seriously regardless of where the incident allegedly occurred. This includes robust protocols for inter-agency communication, clear lines of responsibility, and detailed documentation of all notifications. Staff demonstrated a consistent and accurate understanding of their roles in managing these sensitive reports and expressed confidence in the facility's ability to respond to external allegations with professionalism and urgency. The practices observed during the audit reflect a culture of accountability and a strong institutional commitment to sexual

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| | safety across facility boundaries. |
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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS:</u></p> <p>To determine the facility’s level of compliance with PREA Standard §115.64 – Staff First Responder Duties, the Auditor conducted an in-depth review of the following materials:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) and all related attachments submitted prior to the on-site audit; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. Section 13 of Administrative Directive 6.12, titled Staff Monitoring and Intervention – Sexual Abuse, which delineates specific duties of first responders; 4. CDOC Administrative Directive 6.6, Reporting of Incidents, which outlines reporting expectations and protocols following allegations of sexual misconduct; 5. PREA Training Curriculum used by the agency to instruct security staff, non-security staff, contractors, and volunteers in appropriate response to sexual abuse allegations. <p>Collectively, these materials document the policies, practices, and training used to equip personnel with the knowledge and tools necessary to fulfill their responsibilities as first responders to incidents of sexual abuse.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head</p> <p>The Facility Administrator confirmed that all personnel—whether uniformed or civilian—receive training on PREA first responder responsibilities. Training is reinforced through ongoing in-service education and operational briefings. The Facility Head emphasized that staff are expected to act immediately when they become aware of any allegation of sexual abuse and to do so in a manner that is protective, trauma-informed, and aligned with agency policy.</p> |

Custody Staff (First Responders)

Correctional officers and security personnel described their responsibilities with clarity and consistency. Those interviewed could accurately describe the step-by-step procedures required when responding to allegations, including separating involved parties, safeguarding the scene, and immediately notifying supervisory staff. Officers confirmed that these expectations are reiterated regularly by the PREA Compliance Manager (PCM), and reinforced during shift briefings and roll calls.

Staff cited examples of past incidents in which they implemented these protocols, demonstrating a working knowledge of how to respond under pressure. While the PAQ indicated that evidence preservation protocols were not implemented in some cases due to delayed discovery, officers still expressed confidence in their training and preparedness.

Non-Custody First Responders

Non-custodial staff (e.g., education, medical, mental health, or food services personnel) also demonstrated a clear understanding of their duties if they are the first to receive an allegation of sexual abuse. These staff members confirmed they are trained to immediately notify security, ensure the safety of the alleged victim, avoid contaminating potential evidence, and preserve the scene to the best of their ability. They also recognized the importance of discretion and confidentiality when managing these sensitive situations.

PROVISIONS

Provision (a): Duties of Security Staff First Responders

CDOC Administrative Directive 6.12, Section 13, establishes a comprehensive protocol for security staff who first respond to a report of sexual abuse. Upon becoming aware of an allegation, first responders are required to:

1. Immediately separate the alleged victim and perpetrator;
2. Secure the scene and preserve any potential physical evidence;
3. Notify the shift supervisor or other designated authority as soon as possible;
4. Instruct both the alleged victim and perpetrator to refrain from actions that may compromise evidence, including but not limited to bathing, brushing teeth, eating, drinking, changing clothes, or using the restroom;
5. Complete and submit an incident report (CN 6601) per Administrative Directive 6.6;
6. Maintain strict confidentiality, sharing information only with those who have a legitimate need to know.

The Pre-Audit Questionnaire (PAQ) documented a total of five sexual abuse allegations reported during the twelve months preceding the audit. Among these incidents, custody staff were the first responders in two cases, effectively implementing required protocols by promptly separating the alleged victim and the

alleged perpetrator. In one particular instance, staff notification occurred within a timeframe that allowed for the preservation and collection of physical evidence. During this case, the responding personnel appropriately instructed both the alleged victim and the alleged aggressor to refrain from any activities that might compromise evidence integrity. These instructions included, but were not limited to, avoiding actions such as washing, brushing teeth, changing clothing, urinating, defecating, smoking, drinking, or eating, in accordance with established PREA response procedures.

Provision (b): Duties of Non-Security First Responders

Of the 5 reported cases, 3 instances involved a non-security staff member as the first to learn of the alleged abuse. These staff also acted appropriately by immediately notifying security personnel, initiating separation, and deferring evidence preservation duties to trained custody responders.

The PREA training curriculum confirms that all staff—regardless of role—are trained as potential first responders. The training emphasizes the critical need to:

- Initiate victim protection measures;
- Secure the location of the alleged incident;
- Promptly notify custody supervisors;
- Avoid compromising evidence;
- Conduct themselves with professionalism and discretion at all times.

Despite proper procedural knowledge, the training curriculum and interview responses also indicated that staff are limited in their ability to act on evidence preservation when delayed reporting is involved. This highlights a systemic challenge rather than a failure in individual performance.

CONCLUSION

After thoroughly evaluating agency policy, training content, and the accounts provided by security and non-security personnel, the Auditor finds the facility to be in substantial compliance with PREA Standard §115.64 – Staff First Responder Duties.

Staff at all levels demonstrated a solid grasp of their roles in responding to sexual abuse allegations. Their actions reflect both training and commitment to institutional safety and victim care. While the Auditor notes that evidence preservation efforts were hindered by delayed disclosures, the response procedures were otherwise followed diligently. To further strengthen compliance and enhance outcomes in future incidents, the facility is encouraged to continue reinforcing response protocols through refresher training and real-time scenario-based exercises.

This finding affirms the agency’s ongoing efforts to build a trauma-informed, accountable, and well-trained workforce committed to protecting the dignity and safety of all individuals in custody.

| 115.65 | Coordinated response |
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| | <p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 632 376">SUPPORTING DOCUMENTS</p> <p data-bbox="256 409 1458 566">In assessing compliance with PREA Standard §115.65 – Coordinated Response, the Auditor examined a variety of critical documents that outline the Connecticut Department of Correction’s framework for responding to allegations of sexual abuse. These included:</p> <ol data-bbox="320 633 1474 969" style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility; 2. CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. CDOC Administrative Directive 6.12, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse); 4. The PREA Incident Checklist, which serves as a step-by-step procedural tool for staff engaged in incident response. <p data-bbox="256 1003 1465 1126">Collectively, these materials provide a comprehensive overview of the agency’s coordinated response system, designed to ensure timely, effective, and standardized actions by all relevant personnel during incidents of sexual abuse.</p> <p data-bbox="256 1205 456 1238"><u>INTERVIEWS</u></p> <p data-bbox="256 1272 464 1305">Facility Head</p> <p data-bbox="256 1317 1469 1641">The Facility Head provided a detailed explanation of the facility’s institutional plan for coordinating responses to reports of sexual abuse. According to the Facility Head, the response strategy is integrated into multiple levels of staff training and reinforced regularly through annual in-service courses, recurring shift briefings, and real-time coaching during relevant incidents. The coordinated response plan is designed to ensure that all staff—whether they serve in custody, clinical, administrative, or supervisory roles—understand their obligations and can act swiftly, professionally, and in a trauma-informed manner when an incident arises.</p> <p data-bbox="256 1675 528 1709">First Responders</p> <p data-bbox="256 1720 1477 2045">Interviews with custody and non-custody staff designated as first responders confirmed that the coordinated response protocol is both well-known and consistently practiced. Staff were able to clearly articulate the sequence of required actions, which include isolating the individuals involved, preserving any potential evidence, securing the area as a crime scene, promptly notifying supervisors, and ensuring the incident is accurately documented. Interviewed personnel displayed strong familiarity with their responsibilities under both CDOC’s Administrative Directives and the facility’s supplemental guidance materials, such as the First Responder Reference Guide.</p> |

PROVISIONS

Provision (a): Coordinated Institutional Plan

As reported in the PAQ and confirmed through interviews and document review, the facility has implemented a formal, written institutional plan that outlines the coordination of response efforts among custody staff, medical and mental health professionals, facility leadership, and investigators. This structured plan is rooted in CDOC Administrative Directive 6.12, Section 13, which provides clear direction for staff actions upon learning of an allegation of sexual abuse. These responsibilities include:

1. Immediately identifying, separating, and securing the individuals involved;
2. Identifying and preserving the location of the incident to maintain the integrity of the crime scene;
3. Promptly notifying supervisory personnel;
4. Instructing involved individuals to avoid behaviors that could compromise forensic evidence, such as showering, eating, drinking, brushing teeth, changing clothing, or using the restroom;
5. Completing and submitting an incident report (CN 6601) in accordance with Administrative Directive 6.6, Reporting of Incidents;
6. Maintaining strict confidentiality by limiting information sharing to those with a legitimate need to know for safety, medical, investigative, or operational reasons.

If the initial responder is not a correctional officer, CDOC policy directs the staff member to advise the alleged victim not to engage in any actions that might destroy evidence and to immediately notify a correctional officer to assume control of the situation.

Supplemental Resources

The agency has developed and distributed a detailed First Responder Reference Guide, which operationalizes the directives by assigning responsibilities to specific staff roles, listing the appropriate forms, outlining a chain of command, and identifying critical timelines for action. The guide is supplemented by the PREA Incident Checklist, which is used to document the completion of each required task, including the time of action and the responsible staff member or external agency contact. This ensures that every step of the institutional response is recorded, reviewable, and accountable.

CONCLUSION:

After a thorough review of documentation, interviews with facility leadership, and analysis of the Coordinated Response Plan and related policy, the Auditor concludes that the facility meets all the requirements of PREA Standard §115.65. While the written plan may benefit from future expansion or refinement, it contains the essential elements necessary to guide a coordinated and effective response to incidents of sexual abuse. The facility has demonstrated a clear understanding of

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| | staff responsibilities and has institutionalized reporting and response procedures through ongoing training and oversight. |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>In evaluating compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers, the Auditor reviewed key materials submitted by the agency. This included:</p> <ol style="list-style-type: none"> 1. The Pre-Audit Questionnaire (PAQ) along with relevant supplemental documentation; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015. <p>These materials outline the agency’s authority and procedures for ensuring that individuals accused of staff-on-inmate sexual abuse can be removed from positions that would allow continued contact with potential victims, pending the outcome of an investigation or disciplinary review.</p> <p><u>INTERVIEWS</u></p> <p>PREA Coordinator / PREA Director</p> <p>During the interview, the agency’s designated PREA official—serving in the role of either the PREA Coordinator or PREA Director—clearly affirmed that there are no current or pending collective bargaining agreements, memoranda of understanding, or other labor-related arrangements that would restrict CDOC’s ability to take immediate protective action when an allegation of staff sexual abuse arises.</p> <p>The PREA official emphasized that, under current State-level policies and practices, the agency retains full discretion to remove any staff member from inmate contact during an investigation. This protective step is viewed not as a presumption of guilt, but as a necessary safeguard to ensure safety, reduce the potential for intimidation or retaliation, and preserve the integrity of the investigation process.</p> |

They further clarified that any collective bargaining responsibilities fall under the purview of statewide labor relations entities. These bodies are prohibited by law and policy from entering into or renewing any agreement that would constrain the Department's ability to separate staff members accused of sexual misconduct from incarcerated individuals during the review or disciplinary process.

PROVISIONS

Provision (a): No Restrictive Bargaining Agreements

Agency documentation and interview testimony confirmed that the CDOC does not currently operate under any collective bargaining agreement that would limit or delay its ability to remove an alleged staff abuser from contact with individuals in custody. The PREA Coordinator reported that no such agreement has existed or been entered into since August 20, 2012, the date PREA standards became binding for federal compliance.

All collective bargaining for the Department is handled at the state level, and safeguards have been instituted to ensure that such agreements do not impede the Department's ability to take necessary protective actions.

Provision (b): Not Applicable to Auditor Review

As stipulated by the PREA standards, the Auditor is not required to assess the content of existing collective bargaining agreements directly. The focus remains on whether the agency retains the authority to separate accused staff from incarcerated individuals during the investigation or disciplinary process—which, in this case, it does.

CONCLUSION

After a detailed review of policy documentation and interviews with agency leadership, the Auditor finds that the Connecticut Department of Correction is in full compliance with PREA Standard §115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers.

The Department has demonstrated that it retains unrestricted authority to take immediate and appropriate action to safeguard individuals in custody from potential harm during the course of an investigation. This ability is foundational to the agency's broader commitment to ensuring a zero-tolerance environment for sexual abuse and harassment and reflects compliance with both the letter and spirit of the PREA standards.

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

SUPPORTING DOCUMENTATION

To assess compliance with PREA Standard §115.67 – Agency Protection Against Retaliation, the Auditor conducted an in-depth review of key documentation submitted by the Connecticut Department of Correction (CDOC). Central to this evaluation were:

1. The completed Pre-Audit Questionnaire (PAQ) and supporting attachments;
2. CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;
3. Section 18 of the directive (page 15), titled Post-Allegation Protection of Inmates and Staff from Retaliation, which outlines the agency's protocols for detecting, preventing, and addressing retaliation against anyone who reports sexual abuse or harassment, or who cooperates in a related investigation.

These materials collectively highlight CDOC's formalized procedures and commitment to maintaining an environment where individuals—whether incarcerated or employed—can report sexual misconduct without fear of reprisal.

INTERVIEWS

Agency Leadership (Designee)

A representative of CDOC's executive leadership confirmed that retaliation monitoring commences the same day a report of sexual abuse or harassment is received. Monitoring continues for a minimum of 90 days and may be extended if concerns about ongoing vulnerability or threats persist. Even in cases where allegations are determined to be unfounded, monitoring may continue if the individual expresses ongoing fear of reprisal. This proactive approach reflects CDOC's institutional commitment to safety and support.

Facility Head or Designee

The Facility Head outlined a range of formal mechanisms employed to detect and prevent retaliation. These include regular audits of housing and job assignments, reviews of disciplinary actions, and tracking staff movements or performance evaluations for potential retaliatory motives. Monitoring efforts are coordinated through a designated staff member who serves as the facility's Retaliation Monitor, ensuring timely detection of possible warning signs.

Retaliation Monitor

The facility's Retaliation Monitor—a high-ranking custody official—detailed the structured monitoring process used to oversee and document the well-being of individuals identified as at risk. The monitor uses a standardized form, Attachment 8: Retaliation Monitoring Checklist, to conduct and record monthly status checks. The checklist includes areas such as program participation, housing reassignment, and behavioral or emotional indicators. The Retaliation Monitor emphasized that all individuals—whether victims, witnesses, or those assisting in investigations—are

treated with equal seriousness under the policy. The facility reported zero confirmed incidents of retaliation during the previous 12 months.

Inmates in Protective or Segregated Housing

At the time of the audit, no incarcerated persons were assigned to segregated or protective housing solely for the purpose of retaliation prevention or in response to reporting sexual abuse. The absence of such placements was consistent with CDOC's stated objective to implement less restrictive protective measures whenever possible.

Individuals Who Previously Reported Sexual Abuse

Several incarcerated individuals who had previously filed reports of sexual abuse or harassment were interviewed. They reported receiving prompt and professional responses from facility staff, including access to forensic medical services at no personal cost. Each confirmed they were not subjected to polygraph examinations and that they had been provided written notice of investigation outcomes. None reported experiencing retaliation in the form of disciplinary action, threats, or housing reassignments as a result of coming forward.

PROVISIONS

Provision (a): Assignment of Retaliation Monitoring

As stated in the PAQ and confirmed during interviews, CDOC delegates retaliation monitoring responsibilities to the PREA Director and PREA Compliance Manager (PCM) at each facility. CDOC Administrative Directive 6.12 mandates monitoring for a minimum of 90 days following any report of sexual abuse or participation in a related investigation. Monitoring may continue as long as a credible threat of retaliation exists. The directive includes provisions for monitoring both incarcerated individuals and employees.

Provision (b): Protective Interventions

The agency employs a diverse set of strategies to protect individuals from potential retaliation, including:

- Temporarily reassigning housing or job locations;
- Separating the alleged perpetrator from the complainant;
- Providing access to supportive services such as counseling or medical care;
- Making necessary changes to work schedules or assignments for involved staff.

These practices were clearly documented in policy and verified in interviews. Their timely implementation demonstrates CDOC's focus on individual safety and dignity.

Provision (c): Monitoring Scope and Duration

The Retaliation Monitor ensures that each case is tracked for at least 90 days, unless circumstances indicate the risk has subsided earlier. Factors assessed during the monitoring period include:

- Disciplinary records for retaliatory trends;
- Transfers or program changes affecting the individual;
- Behavioral or emotional changes noted by staff.

These monitoring components are applied uniformly across all affected parties and are clearly reflected in CDOC's structured documentation system.

Provision (d): Documentation and Oversight

CDOC mandates that retaliation monitoring activities be formally documented. The facility uses a standardized checklist (Attachment 8) to ensure consistency and thoroughness. The checklist captures dates of review, observations, and any protective actions taken. This form serves as both a monitoring tool and a compliance record.

Provision (e): Protection of Cooperators

CDOC policy explicitly includes protections for individuals who participate in investigations—regardless of whether they are the complainant. Any individual who expresses concern about retaliation is eligible for the same protective measures as victims, including housing changes, enhanced supervision, or reassignment of involved personnel. This inclusive policy reflects a trauma-informed, safety-focused approach to investigation-related engagement.

Provision (f): Discontinuation of Monitoring

Although not a scored element under the standard, the agency follows internal protocol that permits the early discontinuation of retaliation monitoring if an allegation is found to be unfounded and the involved party expresses no further fear of retaliation. This procedural option is outlined in Section 18 of Administrative Directive 6.12 and supports tailored, case-by-case responses.

CONCLUSION

Based on the review of all applicable documentation, as well as interviews with facility administrators, the Retaliation Monitor, and impacted incarcerated individuals, the Auditor finds the Connecticut Department of Correction to be in full compliance with PREA Standard §115.67 – Agency Protection Against Retaliation.

CDOC has implemented a clear, systematic approach to ensuring that all individuals—regardless of role—are safeguarded from retaliation following their involvement in sexual abuse reporting or investigation. The assignment of specific monitoring responsibilities, combined with structured documentation tools, transparent policy, and consistent application, demonstrates a culture of accountability and safety. The absence of any verified incidents of retaliation during the audit period is further evidence of the agency's effectiveness in this area.

115.68 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

SUPPORTING DOCUMENTS

In evaluating compliance with PREA Standard §115.68, the Auditor carefully examined a collection of policy documents, operational guidelines, and procedural evidence provided by the Connecticut Department of Correction (CDOC). The reviewed materials underscore the agency's commitment to avoiding unnecessary reliance on involuntary segregated housing for individuals who report sexual abuse or are otherwise deemed vulnerable. CDOC's practices are grounded in prevention, alternative housing strategies, and routine oversight.

Key documents reviewed included:

1. The Pre-Audit Questionnaire (PAQ) and all accompanying materials submitted by the facility;
2. CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;
3. Section 11, titled Screening for Risk of Victimization and Abusiveness, which articulates risk assessment protocols used to identify individuals who may require protective measures (pages 7-8);
4. Section 11: After Intake to the Facility (pages 8-9), which outlines specific conditions under which protective safekeeping may be considered and establishes procedures for time limits, reviews, and access to services for individuals housed in more restrictive settings.

Together, these policies form a robust framework that limits the use of involuntary segregation to the most extreme cases where no less restrictive options are available.

INTERVIEWS

Facility Head

The Facility Head emphasized that the use of involuntary segregated housing is treated as a measure of last resort. A thorough assessment of risk factors, available alternatives, and housing configurations is conducted before any decision is made to separate a person from the general population. The Facility Head described how, if used, placement in protective custody is time-bound, well-documented, and subjected to regular review. The facility also ensures that such individuals continue to receive access to educational, vocational, and rehabilitative services, provided there are no overriding safety concerns.

Staff Responsible for Segregated Housing Units

Staff assigned to supervise individuals in specialized housing reinforced the administration's stance. They reported that protective custody is not automatically applied to individuals reporting sexual abuse. Instead, they work collaboratively with classification, medical, mental health, and security staff to find the least restrictive and safest housing assignment. Staff were able to describe the 30-day review process in detail and demonstrated a strong understanding of the need to document both the

rationale for placement and the outcome of each review.

Innates in Protective Housing

During the on-site portion of the audit, there were no individuals housed in segregated settings due to having reported sexual abuse or being identified as vulnerable. This absence confirms the agency's effectiveness in utilizing alternatives to restrictive housing placements and reflects their preventive approach in managing victim safety.

PROVISIONS

Provision (a): Use of the Least Restrictive Means of Separation

According to both the Pre-Audit Questionnaire and staff interviews, the facility does not resort to involuntary segregated housing unless all other housing options have been deemed inappropriate or unsafe. The following data were confirmed during the audit period:

- Zero instances in which an individual was placed in involuntary segregated housing for up to 24 hours while awaiting an assessment.
- Zero instances where someone remained in involuntary segregated housing for more than 30 days awaiting alternative placement.

Section 11 of CDOC Administrative Directive 6.12 clearly articulates the agency's expectations in this area:

- Protective safekeeping must be used only when less restrictive options cannot provide adequate safety.
- If an immediate housing decision is needed and a thorough risk assessment is pending, the individual may be temporarily placed in segregation for no more than 24 hours.
- Longer-term use of protective custody may be employed only for up to 30 days, during which time alternate housing arrangements must be actively pursued.
- Mandatory reviews must be conducted every 30 days to evaluate the continued need for separation and to explore whether reintegration is possible.

Staff were familiar with these requirements and confirmed they are applied consistently and documented accordingly.

CONCLUSION

After a full review of agency policies, operational documents, and in-depth interviews with both staff and leadership, the Auditor finds that the Connecticut Department of Correction is in full compliance with PREA Standard §115.68 – Post-Allegation Protective Custody.

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| | <p>The agency’s commitment to individualized assessments, use of alternative housing strategies, and procedural safeguards reflects a trauma-informed, rights-based philosophy. CDOC does not default to restrictive housing for individuals who report abuse but instead works to provide appropriate and safe accommodations without unnecessary isolation.</p> <p>The lack of any segregated placements related to sexual abuse during the audit cycle serves as strong evidence of the facility’s compliance and dedication to PREA’s core principles. Involuntary segregated housing is appropriately regarded as a last-resort option, with strong oversight mechanisms and access to services preserved for those few individuals for whom such placement might temporarily be necessary.</p> |
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| 115.71 | Criminal and administrative agency investigations |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTATION</u></p> <p>To assess compliance with PREA Standard §115.71—Criminal and Administrative Investigations—the Auditor conducted an extensive review of the Pre-Audit Questionnaire (PAQ) and supporting documents submitted by the agency. Key policies and procedures reviewed included:</p> <ol style="list-style-type: none"> 1. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (effective July 20, 2015); 2. CDOC Administrative Directive 1.10 – Investigations, Section 6 (pp. 2–6), which outlines protocols for Initial Inquiries and Administrative Investigations; 3. CDOC Administrative Directive 1.10, Section 8 (pp. 5–6), addressing investigations conducted by the agency’s PREA Unit; 4. CDOC Administrative Directive 6.12, Section 16 (p. 14), which provides detailed procedures for investigating sexual abuse and harassment. <p><u>INTERVIEWS</u></p> <p>Investigative Personnel</p> <p>Interviews with agency-assigned investigators revealed a high level of professionalism and adherence to PREA-aligned investigative practices. Key findings</p> |

included:

- **Timely Response and Standardized Procedures:** Investigators initiate an investigation immediately upon receipt of any allegation, regardless of how the report is made—whether verbally, in writing, anonymously, by third party, or via hotline.
- **PREA-Specific Training:** All investigative personnel confirmed completion of specialized training focused on conducting trauma-informed PREA investigations. The Auditor verified this training through formal record review.
- **Structured Interview Process:** Investigations follow a logical sequence that typically begins with interviewing the alleged victim, followed by witnesses, and concludes with the alleged perpetrator. For harassment cases, this sequence may be adjusted, but the depth and quality of inquiry remains consistent.
- **Evidence Handling:** Investigators are trained to oversee and participate in forensic examinations at SAFE/SANE facilities when appropriate. In the absence of external forensic staff, investigators are trained to collect and preserve physical and testimonial evidence following strict chain-of-custody protocols.
- **Impartial Credibility Assessments:** Determinations of credibility are based solely on the facts and quality of evidence, with no weight given to an individual's status as staff or incarcerated person. The use of polygraph testing is explicitly prohibited.
- **Legal Coordination:** When criminal charges are a possibility, investigators consult with prosecutorial authorities before proceeding with interviews. All custodial interrogations are conducted in accordance with Miranda guidelines by the Criminal Division of the Office of Public Safety (OPS).
- **Case Continuity:** Investigators confirmed that departures of either the alleged victim or the accused—whether due to release or termination—do not halt the investigative process, which continues to conclusion.
- **Collaboration with Law Enforcement:** Agency staff maintain ongoing communication and coordination with the OPS Criminal Division and, when warranted, the Connecticut State Police.

PREA Director (PD) / PREA Coordinator (PC)

The PREA Director affirmed that all investigative records are retained for the duration of the alleged perpetrator's incarceration or employment, plus an additional five years, in compliance with retention standards. Documentation is stored in both physical format and electronically in the SCRIBE case management system.

PREA Compliance Manager (PCM)

The PCM reiterated the agency's commitment to ensuring investigations continue uninterrupted, even when involved individuals are no longer under agency jurisdiction.

Facility Head

The Facility Head reported that, within the past 12 months, there were no

substantiated sexual abuse cases involving staff or incarcerated individuals that were referred for criminal prosecution.

Inmates Who Reported Sexual Abuse

Interviews with incarcerated individuals who had reported sexual abuse confirmed several core protections:

- Staff responded swiftly and with seriousness to allegations;
- Victim advocacy services were made available, including accompaniment during forensic exams and ongoing emotional support;
- There were no financial charges to victims for medical services;
- No individual was subjected to or asked to undergo a polygraph examination.

PROVISIONS

Provision (a): Investigation Protocols

CDOC policies establish clear and consistent procedures for both administrative and criminal investigations into allegations of sexual abuse and harassment. Administrative Directive 1.10, Section 6 requires that all reports—regardless of source—are investigated promptly, thoroughly, and objectively.

Provision (b): Investigator Training

Only staff with specialized training in the investigation of sexual abuse and harassment are authorized to investigate PREA-related allegations. This was confirmed during staff interviews and supported by formal training records.

Provision (c): Evidence Collection

Investigations include the collection and analysis of physical, testimonial, documentary, and electronic evidence. Investigators also review any prior reports involving the accused. Policy mandates adherence to standardized protocols to ensure the integrity and admissibility of evidence in administrative or criminal proceedings.

Provision (d): Coordination with Law Enforcement

When criminal behavior is suspected, the Connecticut State Police assumes investigative jurisdiction. CDOC policy directs that crime scenes be secured and investigative activity halted until law enforcement authorization is received.

Provision (e): Credibility and Polygraphs

Investigators evaluate credibility without bias based on the status or role of the parties involved. Directive 1.10 explicitly prohibits requiring incarcerated individuals to submit to polygraph testing as a condition of continuing the investigation.

Provision (f): Administrative Misconduct Review

Administrative investigations assess whether staff behavior—through action or omission—contributed to the incident. Final reports provide a detailed account of evidence gathered, credibility assessments, and investigative findings.

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| | <p>Provision (g): Criminal Investigations and Documentation All criminal investigations are fully documented and referred to the appropriate law enforcement agency. While no substantiated cases were referred in the past 12 months, interviews confirmed that appropriate referrals would be made in accordance with policy.</p> <p>Provision (h): Referral for Prosecution No substantiated criminal sexual abuse investigations were referred for prosecution during the previous 12-month period, as confirmed by the PAQ and corroborated through interviews.</p> <p>Provision (i): Record Retention Directive 1.10 requires that investigative records be maintained for the duration of the individual's incarceration or employment, plus an additional five years, or longer if required by state law or a legal hold.</p> <p>Provision (j): Continuation of Investigations Investigations are not discontinued due to the release or resignation of the alleged abuser or victim. Investigative procedures continue until a final determination is reached.</p> <p>Provision (k): External Evidence Handling Although not directly audited, policy confirms that CDOC forensic protocols extend to interactions with external investigative bodies, including the Connecticut State Police and the Department of Justice.</p> <p>Provision (l): Cooperation with Outside Agencies CDOC fully supports and cooperates with external criminal investigative authorities. Internal investigations are carefully structured to avoid interference with ongoing external criminal investigations.</p> <p>CONCLUSION After comprehensive evaluation of relevant documentation, staff and resident interviews, and applicable policy, the Auditor finds the Connecticut Department of Correction to be in full compliance with PREA Standard §115.71. The agency demonstrates a robust and consistent approach to investigations that is timely, impartial, evidence-based, and aligned with PREA mandates. Investigative practices are well-coordinated across internal and external agencies, and investigations are not hindered by changes in custody or employment status. CDOC's investigative infrastructure reflects both diligence and integrity in addressing sexual abuse and harassment in its facilities.</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

SUPPORTING DOCUMENTATION

To assess compliance with PREA Standard §115.71—Criminal and Administrative Investigations—the Auditor conducted an extensive review of the Pre-Audit Questionnaire (PAQ) and supporting documents submitted by the agency. Key policies and procedures reviewed included:

- 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), which outlines protocols for Initial Inquiries and Administrative Investigations;
- CDOC Administrative Directive 1.10, Section 8 (pp. 5-6), addressing investigations conducted by the agency’s PREA Unit;
- CDOC Administrative Directive 6.12, Section 16 (p. 14), which provides detailed procedures for investigating sexual abuse and harassment.

INTERVIEWS

Investigative Personnel

Interviews with agency-assigned investigators revealed a high level of professionalism and adherence to PREA-aligned investigative practices. Key findings included:

- **Timely Response and Standardized Procedures:** Investigators initiate an investigation immediately upon receipt of any allegation, regardless of how the report is made—whether verbally, in writing, anonymously, by third party, or via hotline.
- **PREA-Specific Training:** All investigative personnel confirmed completion of specialized training focused on conducting trauma-informed PREA investigations. The Auditor verified this training through formal record review.
- **Structured Interview Process:** Investigations follow a logical sequence that typically begins with interviewing the alleged victim, followed by witnesses, and concludes with the alleged perpetrator. For harassment cases, this sequence may be adjusted, but the depth and quality of inquiry remains consistent.
- **Evidence Handling:** Investigators are trained to oversee and participate in forensic examinations at SAFE/SANE facilities when appropriate. In the absence of external forensic staff, investigators are trained to collect and preserve physical and testimonial evidence following strict chain-of-custody protocols.
- **Impartial Credibility Assessments:** Determinations of credibility are based solely on the facts and quality of evidence, with no weight given to an individual's status as staff or incarcerated person. The use of polygraph testing is explicitly prohibited.
- **Legal Coordination:** When criminal charges are a possibility, investigators

consult with prosecutorial authorities before proceeding with interviews. All custodial interrogations are conducted in accordance with Miranda guidelines by the Criminal Division of the Office of Public Safety (OPS).

- **Case Continuity:** Investigators confirmed that departures of either the alleged victim or the accused—whether due to release or termination—do not halt the investigative process, which continues to conclusion.
- **Collaboration with Law Enforcement:** Agency staff maintain ongoing communication and coordination with the OPS Criminal Division and, when warranted, the Connecticut State Police.

PREA Director / PREA Coordinator

The PREA Director affirmed that all investigative records are retained for the duration of the alleged perpetrator's incarceration or employment, plus an additional five years, in compliance with retention standards. Documentation is stored in both physical format and electronically in the SCRIBE case management system.

PREA Compliance Manager (PCM)

The PCM reiterated the agency's commitment to ensuring investigations continue uninterrupted, even when involved individuals are no longer under agency jurisdiction.

Facility Head

The Facility Head reported that, within the past 12 months, there were no substantiated sexual abuse cases involving staff or incarcerated individuals that were referred for criminal prosecution.

Inmate Who Reported Sexual Abuse

Interviews with incarcerated individuals who had reported sexual abuse confirmed several core protections:

- Staff responded swiftly and with seriousness to allegations;
- Victim advocacy services were made available, including accompaniment during forensic exams and ongoing emotional support;
- There were no financial charges to victims for medical services;
- No individual was subjected to or asked to undergo a polygraph examination.

PROVISIONS

Provision (a): Investigation Protocols

CDOC policies establish clear and consistent procedures for both administrative and criminal investigations into allegations of sexual abuse and harassment.

Administrative Directive 1.10, Section 6 requires that all reports—regardless of source—are investigated promptly, thoroughly, and objectively.

Provision (b): Investigator Training

Only staff with specialized training in the investigation of sexual abuse and harassment are authorized to investigate PREA-related allegations. This was

confirmed during staff interviews and supported by formal training records.

Provision (c): Evidence Collection

Investigations include the collection and analysis of physical, testimonial, documentary, and electronic evidence. Investigators also review any prior reports involving the accused. Policy mandates adherence to standardized protocols to ensure the integrity and admissibility of evidence in administrative or criminal proceedings.

Provision (d): Coordination with Law Enforcement

When criminal behavior is suspected, the Connecticut State Police assumes investigative jurisdiction. CDOC policy directs that crime scenes be secured and investigative activity halted until law enforcement authorization is received.

Provision (e): Credibility and Polygraphs

Investigators evaluate credibility without bias based on the status or role of the parties involved. Directive 1.10 explicitly prohibits requiring incarcerated individuals to submit to polygraph testing as a condition of continuing the investigation.

Provision (f): Administrative Misconduct Review

Administrative investigations assess whether staff behavior—through action or omission—contributed to the incident. Final reports provide a detailed account of evidence gathered, credibility assessments, and investigative findings.

Provision (g): Criminal Investigations and Documentation

All criminal investigations are fully documented and referred to the appropriate law enforcement agency. While no substantiated cases were referred in the past 12 months, interviews confirmed that appropriate referrals would be made in accordance with policy.

Provision (h): Referral for Prosecution

No substantiated criminal sexual abuse investigations were referred for prosecution during the previous 12-month period, as confirmed by the PAQ and corroborated through interviews.

Provision (i): Record Retention

Directive 1.10 requires that investigative records be maintained for the duration of the individual's incarceration or employment, plus an additional five years, or longer if required by state law or a legal hold.

Provision (j): Continuation of Investigations

Investigations are not discontinued due to the release or resignation of the alleged abuser or victim. Investigative procedures continue until a final determination is reached.

Provision (k): External Evidence Handling

Although not directly audited, policy confirms that CDOC forensic protocols extend to interactions with external investigative bodies, including the Connecticut State Police and the Department of Justice.

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| | <p>Provision (I): Cooperation with Outside Agencies</p> <p>CDOC fully supports and cooperates with external criminal investigative authorities. Internal investigations are carefully structured to avoid interference with ongoing external criminal investigations.</p> <p><u>CONCLUSION</u></p> <p>After comprehensive evaluation of relevant documentation, staff and resident interviews, and applicable policy, the Auditor finds the Connecticut Department of Correction to be in full compliance with PREA Standard §115.71. The agency demonstrates a robust and consistent approach to investigations that is timely, impartial, evidence-based, and aligned with PREA mandates. Investigative practices are well-coordinated across internal and external agencies, and investigations are not hindered by changes in custody or employment status. CDOC’s investigative infrastructure reflects both diligence and integrity in addressing sexual abuse and harassment in its facilities.</p> |
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| 115.73 | Reporting to inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTATION</u></p> <p>To evaluate compliance with the requirements of PREA Standard §115.73 – Notification to Inmates, the Auditor conducted a detailed review of the Pre-Audit Questionnaire (PAQ) along with all relevant supporting documentation submitted by the Connecticut Department of Correction (CDOC). A wide range of policy directives and investigative records were assessed to determine if the facility met the standard’s expectations for notifying individuals about the outcomes of sexual abuse investigations. Key documents reviewed included:</p> <ul style="list-style-type: none"> • CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (Effective July 20, 2015); • CDOC Administrative Directive 1.10, Section 6 (pp. 2-4) – Procedures for Initial Inquiries and Administrative Investigations; • CDOC Administrative Directive 1.10, Section 10(g) – Guidance related to Reporting to Inmates; • CDOC Administrative Directive 6.12, Section 16 (p. 14) – Procedures governing the investigation of sexual abuse/harassment; • PREA Investigation Tracking Log – Documenting case outcomes and confirming inmate notifications following investigations. |

INTERVIEWS

Investigative Staff

Investigative personnel provided detailed descriptions of the process used to inform incarcerated individuals of the outcomes of sexual abuse investigations. They explained that once an investigation—whether administrative or criminal—has concluded, a comprehensive report is completed, summarizing the investigative findings and justifications. This report is reviewed by facility leadership, and appropriate actions are taken based on the results.

Key information shared by investigative staff included:

- **Criminal Investigations:** For investigations involving potential criminal conduct, the CDOC's Criminal Operations Division (OPS-Criminal) is tasked with notifying the impacted individual of the case's outcome.
- **Administrative Investigations:** When the investigation is internal and administrative in nature, the facility is responsible for ensuring the individual receives a formal written notification identifying the finding as substantiated, unsubstantiated, or unfounded.

Facility Head

The Facility Head confirmed adherence to the notification protocols outlined in PREA Standard §115.73. They emphasized that, consistent with policy, when a substantiated allegation of staff-on-individual sexual abuse occurs, the following notifications are provided to the impacted person:

- When the involved staff member is reassigned away from the individual's housing area;
- When the staff member's employment with the facility or agency is terminated;
- If the staff member is arrested in connection with the incident; or
- If a conviction is secured related to the misconduct.

The Facility Head also reported that during the prior 12-month period, all staff-related allegations were classified as unfounded. In instances involving allegations of individual-on-individual abuse, the person who reported the incident is informed if the alleged perpetrator is charged or convicted.

Inmates Who Reported Sexual Abuse

Inmates who had reported incidents of sexual abuse were interviewed during the audit. Their statements reflected a consistent application of notification procedures, including:

- Prompt responses by facility staff and a professional, trauma-informed approach to handling allegations;
- Immediate referrals for forensic medical examinations when warranted;
- Access to a victim advocate throughout the forensic process to provide

- emotional support and explain procedures;
- Assurance that no individual incurred personal costs for medical treatment related to abuse;
- Confirmation that no one was asked or required to take a polygraph examination;
- Receipt of written notification about the investigation's outcome.

PROVISIONS

Provision (a): Notification of Investigation Results

As documented in the PAQ and confirmed through interviews and policy review, CDOC ensures that individuals who make allegations of sexual abuse are informed—either verbally or in writing—of the investigative outcome. Whether a case is determined to be substantiated, unsubstantiated, or unfounded, the individual is advised of the result.

During the previous 12 months, two PREA-related investigations were concluded. In each case, the person who submitted the allegation was properly notified in accordance with agency procedures.

CDOC Administrative Directive 1.10, Section 10(g), designates the PREA Unit as the entity responsible for ensuring notification takes place. If an outside agency conducts the investigation, the PREA Unit is required to obtain the outcome and facilitate notification, unless the individual is no longer in CDOC custody.

Provision (b): Investigations Conducted by Outside Agencies

In the reporting period, at least one sexual abuse investigation was completed by an external agency—specifically the Connecticut State Police. In such instances, the external authority communicates the results to the CDOC PREA Unit. The PREA Unit then ensures that the outcome is conveyed to the individual who made the allegation. Documentation of this notification is maintained in the PREA case file to ensure accountability.

Provision (c): Substantiated Staff-on-Inmate Allegations

When a sexual abuse allegation involving a staff member is substantiated, the reporting individual is notified if:

- The staff member is reassigned to a different housing unit;
- The staff member is no longer employed by the facility or agency;
- The staff member has been arrested in relation to the misconduct; or
- The staff member is convicted of a related offense.

These notification requirements are explicitly outlined in CDOC Administrative Directive 6.12, Section 17(A)(1–4). If an allegation is determined to be unsubstantiated or unfounded, these specific follow-up notifications are not required; however, the individual is still informed of the overall case outcome.

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| | <p>Provision (d): Inmate-on-Inmate Allegations</p> <p>For incidents involving individual-on-individual sexual abuse, CDOC notifies the reporting individual when the alleged perpetrator is:</p> <ul style="list-style-type: none"> • Indicted by a grand jury or criminally charged in relation to the abuse; or • Convicted as a result of the reported conduct. <p>Provision (e): Volume of Notifications</p> <p>Over the past 12 months, the facility issued a total of six written notifications to individuals concerning the outcomes of sexual abuse investigations. Policy guidance also makes clear that the agency's obligation to notify ends when the affected individual is no longer under CDOC custody.</p> <p>Provision (f): Not Applicable for Auditing</p> <p>This provision is not subject to audit as defined under PREA compliance standards.</p> <p><u>CONCLUSION</u></p> <p>After a thorough review of relevant policies, investigation documentation, and interviews with investigative staff, facility leadership, and incarcerated individuals, the Auditor finds that the Connecticut Department of Correction has fully implemented and maintained compliance with PREA Standard §115.73. The agency has established reliable systems to ensure individuals who report sexual abuse are appropriately informed of investigative outcomes. These procedures are consistently followed, clearly documented, and reflect a commitment to transparency, victim support, and federal compliance. All required notifications have been completed in accordance with policy and regulatory expectations</p> |
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| 115.76 | Disciplinary sanctions for staff |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To assess compliance with the provisions of PREA Standard §115.76, the Auditor conducted an in-depth review of the Pre-Audit Questionnaire (PAQ) and all relevant supporting documentation submitted by the agency. The Connecticut Department of Correction (CDOC) provided comprehensive policy directives and procedural materials outlining staff accountability measures in cases of sexual abuse or sexual harassment. Key documents reviewed included:</p> |

1. Pre-Audit Questionnaire (PAQ) and all relevant supporting documentationCDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (effective July 20, 2015);
2. CDOC Administrative Directive 2.17 – Employee Conduct, Section 6 – Staff Discipline (effective September 26, 2014);
3. CDOC Administrative Directive 6.12, Section 21 (p. 16) – Disciplinary Sanctions.

INTERVIEWS

Facility Head or Designee

During the onsite audit, the Auditor interviewed the Facility Head’s designee to assess how staff disciplinary practices are applied in response to violations of policies related to sexual abuse and harassment. The designee provided the following information:

All staff are subject to disciplinary measures—up to and including termination—for any violations involving sexual abuse, sexual harassment, or related misconduct. CDOC policy mandates accountability and ensures that responses are consistent, appropriate, and guided by the nature and severity of the behavior.

Over the previous 12-month reporting period:

- No staff members were found to have committed violations of sexual abuse or harassment policies.
- There were no terminations or resignations resulting from such violations.
- Termination is considered the default disciplinary outcome for any staff member found to have engaged in sexual abuse, except in extraordinary or mitigating circumstances.

PROVISIONS

Provision (a): Disciplinary Sanctions and Termination Policies

Documentation and interviews confirmed that CDOC has established clear policies outlining disciplinary consequences for staff who violate sexual abuse or harassment policies. CDOC Administrative Directive 2.17, Section 6, reinforces that such violations may result in disciplinary action, with termination identified as the presumptive sanction for staff found to have engaged in sexual abuse.

The policy also mandates that if a staff member is terminated—or resigns in lieu of termination—due to involvement in sexual abuse or harassment, this must be reported to law enforcement unless the behavior was clearly not criminal. Additionally, reports must be submitted to appropriate professional licensing or certifying bodies. All disciplinary actions are required to be consistent with job-related and non-discriminatory criteria.

Provision (b): No Policy Violations During the Audit Period

As documented in the PAQ and affirmed during the interview with facility leadership, no staff were found to have violated CDOC's sexual abuse or harassment policies during the 12-month period preceding the audit. Consequently, there were no terminations or resignations linked to PREA-related misconduct during that time.

Directive 2.17 emphasizes that termination remains the standard disciplinary response when sexual abuse allegations are substantiated.

Provision (c): Graduated Sanctions for Lesser Misconduct

The PAQ indicates that no disciplinary actions short of termination were imposed on any staff during the review period for violations of sexual abuse or harassment policies. Nonetheless, CDOC Administrative Directive 2.17 allows for a graduated disciplinary approach in cases where behavior does not meet the threshold of sexual abuse but still constitutes a policy violation.

In such instances, sanctions must be proportionate to the severity of the conduct, take into account the staff member's disciplinary history, and be consistent with how similar cases have been handled. This promotes fairness and uniformity in disciplinary practices.

Provision (d): Reporting to Law Enforcement and Licensing Authorities

There were no instances during the past 12 months in which staff were referred to law enforcement or licensing agencies as a result of termination or resignation related to sexual abuse or harassment violations. However, CDOC policy makes clear that in any future cases where substantiated misconduct leads to termination or resignation in lieu of termination, the matter must be reported to law enforcement—unless it is definitively determined that the conduct was not criminal in nature. Reports are also to be made to applicable professional licensing entities.

Directive 2.17, Section 6, establishes this reporting requirement to ensure transparency and accountability beyond the confines of internal agency procedures.

CONCLUSION

Following a comprehensive analysis of policy directives, documentation, and interviews with facility leadership, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.76 – Disciplinary Sanctions for Staff. The agency has clearly defined disciplinary policies that prioritize accountability and integrity. Termination is the default disciplinary outcome for staff found to have engaged in sexual abuse, and the agency maintains readiness to report such actions to appropriate external authorities when warranted. The absence of violations during the audit period is reflective of a strong culture of compliance and professional conduct.

| 115.77 | Corrective action for contractors and volunteers |
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| | <p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 676 376"><u>SUPPORTING DOCUMENTS</u></p> <p data-bbox="256 409 1461 611">To evaluate the facility's compliance with PREA Standard §115.77, which governs the agency's response to policy violations by contractors and volunteers, the Auditor reviewed a wide range of documentation submitted prior to and during the onsite audit. These materials collectively provided evidence of an established system of accountability for all non-staff personnel. Documents reviewed included:</p> <ul data-bbox="331 678 1461 1137" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and all associated supporting documentation; • Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (effective July 20, 2015), which outlines institutional responsibilities concerning sexual abuse and harassment prevention and response; • Section 21 (p. 16) of Directive 6.12, which includes provisions for disciplinary sanctions and corrective action applicable to vendors, contractors, and volunteers; • CDOC Policy 10.4 – Volunteer and Recreation Services, which defines volunteer responsibilities, provides orientation guidance, and outlines procedures for addressing violations of policy. <p data-bbox="256 1171 1461 1373">These documents establish a firm foundation for holding non-staff individuals accountable. They ensure permanent separation from incarcerated persons following substantiated sexual abuse, mandate referrals to appropriate law enforcement and licensing entities, and provide for corrective action in situations involving lesser but still inappropriate conduct.</p> <p data-bbox="256 1451 456 1485"><u>INTERVIEWS</u></p> <p data-bbox="256 1529 667 1563">Facility Head or Designee</p> <p data-bbox="256 1574 1378 1686">As part of the onsite audit process, the Auditor interviewed the designee of the Facility Head to confirm the application and enforcement of policies concerning contractors and volunteers. The designee reported the following:</p> <p data-bbox="256 1731 1386 1843">Over the preceding 12 months, there were no incidents in which a contractor or volunteer was found to have engaged in sexual abuse requiring referral to law enforcement or regulatory bodies.</p> <p data-bbox="256 1854 1461 1966">Similarly, there were no cases involving policy violations by contractors or volunteers that necessitated corrective action, including removal from the facility or termination of access to incarcerated individuals.</p> <p data-bbox="256 1977 1477 2056">The interview affirmed that facility leadership is aware of the agency's responsibilities under PREA and prepared to act swiftly in response to any misconduct by non-staff</p> |

personnel.

PROVISIONS

Provision (a): Permanent Removal and Mandatory Reporting

According to CDOC Administrative Directive 6.12, Section 21, any contractor or volunteer who engages in sexual abuse is subject to the following mandatory actions:

- Immediate and permanent removal from any contact with incarcerated individuals; and
- Prompt reporting to the appropriate law enforcement agency, unless the behavior is clearly determined to be non-criminal, and notification to relevant licensing or certifying bodies as applicable.

These provisions reflect the Department's zero-tolerance stance and are intended to ensure the safety of those in custody while holding external service providers to the same high standards as internal staff.

In the review period, the facility confirmed—through both the PAQ and interview responses—that no such incidents occurred.

Provision (b): Corrective Action for Non-Criminal Misconduct

Even in instances where a contractor or volunteer does not engage in conduct rising to the level of criminal sexual abuse, but still violates agency policy related to sexual harassment or boundary violations, CDOC policy mandates appropriate corrective measures. These may include:

- Re-training to clarify behavioral expectations;
- Reassignment to roles that eliminate or limit contact with incarcerated individuals; or
- Permanent removal of access to the facility or population, depending on the seriousness of the infraction.

CDOC Policy 10.4 – Volunteer and Recreation Services provides further structure for addressing such issues. During orientation, all contractors and volunteers are explicitly advised that:

Engaging in sexual abuse will result in a permanent ban from facility entry and will trigger mandatory reporting to law enforcement and applicable licensing bodies; Policy violations not rising to the level of criminal abuse may still lead to sanctions, up to and including dismissal from service, based on the nature and severity of the violation.

The Volunteer-In-Prison (VIP) Handbook, issued during onboarding, reiterates these policies and expectations, ensuring that all non-staff personnel understand the consequences of inappropriate conduct.

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| | <p><u>CONCLUSION</u></p> <p>Following a thorough review of the facility’s policies, training materials, the Pre-Audit Questionnaire, and interviews with facility leadership, the Auditor has determined that the Connecticut Department of Correction is in full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.</p> <p>The agency has established clear and enforceable policies to prevent and address incidents of sexual abuse or harassment involving non-staff personnel. These policies ensure that contractors and volunteers who engage in sexual abuse are permanently prohibited from accessing incarcerated individuals and are reported to outside authorities when required. Furthermore, procedures are in place to address non-criminal misconduct through a range of corrective measures tailored to the severity of the offense.</p> <p>The absence of any such incidents during the audit period provides further evidence that the facility maintains a strong culture of prevention, accountability, and adherence to PREA standards.</p> |
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| 115.78 | Disciplinary sanctions for inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To determine compliance with PREA Standard §115.77, which governs the agency’s response to incidents or policy violations involving contractors and volunteers, the Auditor carefully reviewed a comprehensive set of documents provided before and during the onsite audit. These materials demonstrated that the facility maintains a robust and proactive approach to non-staff accountability. Key documents reviewed included:</p> <ul style="list-style-type: none"> • The Pre-Audit Questionnaire (PAQ) and all associated supporting documents; • Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention (effective July 20, 2015), which clearly outlines agency responsibilities related to preventing, reporting, and responding to sexual abuse and harassment; • Section 21 (p. 16) of Administrative Directive 6.12, which defines disciplinary sanctions and corrective actions applicable to contractors, volunteers, and vendors; • CDOC Policy 10.4 – Volunteer and Recreation Services, which articulates expectations for volunteer behavior, the scope of orientation and training, and the procedures used to address policy violations by non-staff individuals. <p>Collectively, these documents form a strong policy infrastructure designed to enforce</p> |

zero tolerance for sexual misconduct among contractors and volunteers. The directives ensure that individuals found to have engaged in sexual abuse are permanently prohibited from inmate contact, mandate referral to law enforcement and licensing entities when required, and prescribe proportionate corrective measures for non-criminal violations of agency policy.

INTERVIEWSW INTERVIEWS

Facility Head

During the onsite portion of the audit, the Auditor conducted an interview with the designee of the Facility Head to confirm that the facility consistently implements its policies regarding contractors and volunteers. The designee affirmed the following:

Over the course of the previous 12 months, the facility experienced no incidents in which a contractor or volunteer was determined to have engaged in sexual abuse, nor were there any cases requiring referral to law enforcement or a licensing authority;

No policy violations by non-staff individuals occurred that warranted corrective action or led to removal from the facility or restriction of access to incarcerated individuals. The interview confirmed that the facility is fully informed of and actively enforces PREA-related expectations for non-staff personnel and is prepared to respond decisively should a violation occur.

PROVISIONS

Provision (a): Permanent Removal and External Reporting for Sexual Abuse

As outlined in CDOC Administrative Directive 6.12, Section 21, any contractor or volunteer who is found to have engaged in sexual abuse shall be:

Immediately and permanently removed from any access to incarcerated individuals; and

Promptly reported to the appropriate law enforcement authorities, unless it is clearly determined that the conduct was not criminal in nature. When applicable, notification is also made to any relevant licensing or certifying bodies.

These requirements reflect the Department's zero-tolerance approach to sexual abuse and reinforce its commitment to safety and accountability. The expectation is clear: contractors and volunteers who violate these core standards will face immediate and permanent exclusion from facility operations, and any criminal behavior will be referred to the proper authorities.

Facility Head confirmed through the PAQ and interviews that no such incidents occurred during the audit review period.

Provision (b): Corrective Action for Policy Violations Not Rising to Criminal Conduct

Even when a contractor or volunteer's behavior does not meet the legal definition of

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| | <p>sexual abuse, CDOC policy requires a calibrated response to any violation of policies concerning sexual harassment, boundary violations, or other misconduct. Corrective actions may include:</p> <ul style="list-style-type: none"> • Targeted re-training to reinforce policy awareness and clarify behavioral expectations; • Reassignment to duties that limit or eliminate direct contact with incarcerated individuals; or • Permanent removal of access to the facility, based on the nature and seriousness of the infraction. <p>These responses are guided by CDOC Policy 10.4 – Volunteer and Recreation Services, which emphasizes a structured and thoughtful approach to addressing misconduct among non-staff personnel. During orientation, all contractors and volunteers receive clear instruction that:</p> <p>Any substantiated incident of sexual abuse will result in a permanent ban from facility access and mandatory referral to law enforcement and applicable regulatory agencies;</p> <p>Lesser violations of policy are taken seriously and may still result in consequences ranging from retraining to dismissal from service, depending on severity and context. The facility’s Volunteer-In-Prison (VIP) Handbook, distributed during onboarding, reinforces these expectations and provides non-staff individuals with written guidance on the standards of conduct and the consequences for violating them.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of agency directives, training materials, the Pre-Audit Questionnaire, and interviews with facility leadership, the Auditor finds the Connecticut Department of Correction to be in full compliance with PREA Standard §115.77 – Corrective Action for Contractors and Volunteers.</p> <p>The agency has adopted clear, enforceable policies to ensure that non-staff personnel who engage in sexual abuse are permanently barred from contact with incarcerated individuals and are appropriately reported to law enforcement and licensing authorities. Furthermore, policies are in place to address and correct behavior that violates agency expectations but does not constitute criminal abuse. These policies promote safety, reinforce professional standards, and ensure a swift and appropriate response to any form of misconduct.</p> <p>The absence of incidents requiring corrective action during the review period further supports the conclusion that the facility has cultivated a strong culture of prevention, accountability, and compliance with the PREA standards for non-staff personnel.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

SUPPORTING DOCUMENTS

To determine the facility's compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse, the Auditor conducted a comprehensive review of the following materials:

1. The completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by the facility;
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015, which establishes protocols for PREA implementation, including health-related responses to risk disclosures;
3. CDOC Administrative Directive 6.12, Section 11 – Screening for Risk of Victimization and Abusiveness, outlining procedures for referrals, confidentiality safeguards, and informed consent requirements;
4. CDOC Administrative Directive 8.5 – Mental Health Services (pages 1-6), which defines standards for the delivery of mental health care, including evaluations, referrals, and timelines for service.

These directives and tools collectively provide a detailed framework for identifying individuals who disclose past sexual victimization or prior sexually abusive behavior, and for ensuring they are offered timely, clinically appropriate services. The policies emphasize confidentiality, respect for individual autonomy, and a structured referral and documentation process.

INTERVIEWS

Risk Screening Staff

Staff responsible for conducting the PREA risk screening at intake reported that all related information is stored in a confidential electronic system, accessible only to individuals with legitimate authorization. When disclosures related to prior sexual abuse or perpetration occur, the information is used to inform appropriate housing, supervision, and care planning. Sharing with non-clinical staff (such as custody or classification personnel) is done exclusively on a need-to-know basis and strictly for operational purposes.

Medical and Mental Health Personnel

Medical and mental health professionals confirmed that individuals who report a history of sexual victimization—whether it occurred in the community or in a correctional environment—are promptly referred for a follow-up evaluation. These referrals are initiated immediately following the intake screening and are expected to be scheduled within 14 calendar days. Clinicians reported that informed consent is consistently obtained prior to discussing any non-institutional victimization, except in cases involving individuals under 18 years of age, where mandated reporting may apply.

In cases where an individual discloses a history of having previously engaged in sexually abusive conduct, referrals to mental health services are also made within the same 14-day window. All referrals are documented, tracked, and addressed in accordance with policy, and clinical decisions are tailored to the individual's specific needs as determined by the treating provider.

Inmate Who Disclosed Prior Victimization

An individual who had disclosed a prior experience of sexual victimization during the intake screening was interviewed. They stated that a referral was made immediately following intake and that a mental health appointment was offered within a week. The individual exercised their right to decline the appointment—a choice consistent with CDOC policy, which honors the right to refuse services while ensuring that referrals are made and documented in all applicable cases.

PROVISIONS

Provision (a)

The PAQ confirms that during the preceding 12 months, every individual who disclosed a history of sexual victimization at intake was offered the opportunity to meet with a qualified medical or mental health provider. Documentation reviewed by the Auditor substantiated that all such referrals were completed in a timely manner, within the 14-day timeframe outlined in policy.

Administrative Directive 6.12, Section 11, requires that any individual disclosing sexual victimization—regardless of whether it occurred during incarceration or in the community—must be offered a follow-up meeting with a clinician within 14 days of screening.

Provision (b)

According to the PAQ and corroborated by interviews, all individuals identified as having a history of perpetrating sexual abuse were also referred to mental health services for evaluation. The Auditor verified that these referrals were made and completed within the expected 14-day period, consistent with the directives.

Section 11 of Directive 6.12 clearly mandates such referrals, ensuring that individuals receive timely assessment and any needed intervention.

Provision (c)

Both policy and practice confirm that when an individual is identified through risk screening as having previously committed sexual abuse, whether during incarceration or in the community, a mental health evaluation is promptly initiated. Interviews with clinical staff supported that this occurs within the required 14-day window. This practice is in direct alignment with CDOC policy and fulfills the intent of the standard.

Provision (d)

The PAQ and staff interviews confirmed that all information obtained through the PREA screening process is handled with strict confidentiality. Access is limited to those with a direct operational need—specifically those involved in determining housing, supervision levels, clinical treatment, or classification. Directive 6.12, Section 11, explicitly restricts disclosure of sensitive information to only those staff

whose responsibilities require such access.

Provision (e)

The Auditor verified through interviews and document review that informed consent is obtained before disclosing any history of sexual victimization that occurred outside a correctional facility. The only exception applies to minors, as outlined in CDOC policy, where mandatory reporting laws override the need for consent. This practice protects individual privacy while ensuring compliance with both legal and ethical standards in clinical care.

CONCLUSION

Based on the review of applicable policies, clinical documentation, staff and inmate interviews, and observed practices, the Auditor concludes that the facility is in full compliance with PREA Standard §115.81 – Medical and Mental Health Screenings; History of Sexual Abuse.

The Connecticut Department of Correction has implemented clear, consistent, and comprehensive procedures to address disclosures of prior sexual abuse or abusive conduct. These include timely clinical referrals, a focus on individual autonomy through informed consent, and strong confidentiality safeguards. The agency's diligent adherence to timelines and respectful handling of sensitive information reflects a meaningful commitment to both the safety and dignity of individuals in its care

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| 115.82 | Access to emergency medical and mental health services |
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| | Auditor Overall Determination: Meets Standard |
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| | Auditor Discussion |
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| | <u>SUPPORTING DOCUMENTS</u> |
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| | To assess compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services, the Auditor conducted a thorough review of the following materials: |
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| | <ol style="list-style-type: none">1. The facility's completed Pre-Audit Questionnaire (PAQ) and all accompanying documentation;2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;3. CDOC Administrative Directive 6.12, Section 13 C, pages 12-13 – Medical Staff Action, outlining protocols for delivering medical and mental health services following reports of sexual abuse. |
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These policies and materials provide a comprehensive overview of the agency's procedures for ensuring timely access to appropriate emergency medical treatment, crisis intervention services, and ongoing care for individuals reporting sexual abuse while in custody.

INTERVIEWS

Medical and Mental Health Personnel

Healthcare providers interviewed at the facility confirmed that any individual who reports an incident of sexual abuse is promptly assessed and offered immediate access to emergency medical and mental health services. The scope of care provided is based on clinical judgment and aligned with community standards of medical practice.

Medical and mental health professionals described a coordinated, collaborative approach to care. When deemed clinically appropriate, services such as emergency contraception and prophylaxis for sexually transmitted infections (STIs) are offered without delay. Staff explained that, following a report of sexual abuse, a physician conducts an initial evaluation to determine whether the Sexual Assault Response Team (SART) should be activated or if the individual requires emergency transfer to an outside medical facility for further treatment. If the SART is activated, the attending nurse initiates preliminary medical recommendations, and the physician issues follow-up orders to support post-assault care. Patients are provided with written and verbal information regarding STI prevention and additional services available to them.

First Responders - Security and Non-Security Staff

Security first responders explained that their top priorities upon receiving a report of sexual abuse include protecting the individual, preserving evidence, and notifying the appropriate medical and mental health personnel immediately. Non-security staff members who may serve as first responders echoed similar responsibilities, adding that they stay with the individual until relieved by security staff, while ensuring that the incident is reported and assistance is secured without delay.

Inmates Reported Sexual Abuse

Individuals who had reported sexual abuse shared consistent feedback in interviews. Each confirmed the following:

- Facility staff responded swiftly and with concern following their report;
- Medical and mental health referrals were made immediately;
- Victim advocate services were provided for those undergoing forensic examinations, and the advocate remained present throughout the process to explain procedures and offer support;
- No one was held financially responsible for medical care related to the incident;
- None were subjected to polygraph testing;
- Each received written notification outlining the outcome of the investigation

into their report.

PROVISIONS

Provision (a)

The facility's PAQ and supporting interviews affirmed that individuals who report sexual abuse are granted prompt, unimpeded access to emergency medical treatment and crisis intervention services. These services are provided in accordance with clinical best practices, and the nature of care is determined by licensed healthcare professionals.

The Auditor reviewed records from cases involving reported sexual abuse and confirmed that medical and mental health referrals were initiated within the required timeframes.

Administrative Directive 6.12, Section 13 C, affirms that victims of sexual abuse are entitled to timely, uninterrupted access to emergency care and crisis intervention, as determined by medical or mental health professionals exercising their clinical discretion.

Provision (b)

Facility procedures ensure that in situations where qualified medical or mental health staff are not present when a report of abuse is made, first responders take immediate action to safeguard the individual. This includes initiating appropriate protective measures and notifying the designated healthcare professionals without delay.

Interviews with first responders validated this practice.

According to CDOC Administrative Directive 6.12, Section 13 C, staff are required to take initial steps to support and protect the victim and to ensure that medical or mental health personnel are contacted immediately if they are not on-site at the time of the report.

Provision (c)

Medical personnel stated that, in line with accepted clinical practices, individuals who report sexual abuse are offered timely access to emergency contraception and prophylaxis for sexually transmitted infections, where appropriate. These services are guided by professional medical judgment and are provided in a manner consistent with care standards used in the community.

This was further supported through staff interviews and policy review. Directive 6.12, Section 13 C, mandates that individuals be given timely and appropriate access to information and treatment related to emergency contraception and STI prevention, when medically indicated.

Provision (d)

The PAQ, interview responses, and supporting documentation confirmed that all medical and mental health treatment services related to sexual abuse are provided at no cost to the individual. This includes those who may choose not to name their

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| | <p>alleged abuser or decline to participate in a subsequent investigation.</p> <p>This commitment is clearly stated in Administrative Directive 6.12, Section 13 C, which stipulates that victims are to receive care without any financial burden, regardless of their level of cooperation with the investigative process.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive review of relevant agency policies, interviews with clinical and custodial staff, case records, and direct testimony from individuals who reported abuse, the Auditor concludes that the facility is in full compliance with PREA Standard §115.82 – Access to Emergency Medical and Mental Health Services.</p> <p>The Connecticut Department of Correction has established and consistently implemented effective protocols to ensure individuals who experience sexual abuse while in custody receive prompt, professional, and confidential care. Services are provided in alignment with medical standards, without financial cost, and in a trauma-informed manner that upholds the dignity, rights, and privacy of those impacted. These practices demonstrate the agency’s dedication to fulfilling its obligations under PREA and supporting the well-being of all individuals in its care.</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><u>SUPPORTING DOCUMENTS</u></p> <p>To determine the facility’s compliance with the requirements of PREA Standard §115.83, which addresses the provision of ongoing medical and mental health services for individuals who report sexual abuse, the following materials were thoroughly reviewed:</p> <ol style="list-style-type: none"> 1. The facility’s completed Pre-Audit Questionnaire (PAQ) along with all supporting documents submitted by the agency; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015; 3. CDOC Administrative Directive 6.12, Section 13C – Medical Staff Action, pages 12–13, which outlines institutional responsibilities following reports of sexual |

abuse;

4. Correctional Managed Health Care (CMHC) Policy Manual, Policy G-57.1 – Sexual Assault/Sexual Abuse, dated August 28, 2019.

Collectively, these directives and protocols establish a structured approach to ensuring timely, appropriate, and clinically sound medical and mental health care following any allegation or confirmation of sexual abuse in custody.

INTERVIEWS

Medical and Mental Health Staff

Interviews with healthcare professionals confirmed that individuals who disclose sexual abuse are prioritized for prompt medical and psychological attention. Staff reported that services are patient-centered and responsive to the presenting needs of each individual, in accordance with professionally accepted clinical guidelines and community standards of care. The range of available services includes:

- Immediate medical assessments and mental health evaluations;
- Access to emergency contraception and prophylactic treatment for sexually transmitted infections (STIs), when deemed medically appropriate;
- STI screening and testing;

Staff emphasized that all services are provided confidentially and without cost to the individual, regardless of whether the person chooses to identify their assailant or participate in the resulting investigation. Mental health practitioners further noted that, in accordance with policy, any individual identified as having engaged in sexually abusive behavior toward another incarcerated person is referred for a mental health evaluation within 60 days of discovery. Ongoing therapeutic services are offered based on the findings of that assessment.

Inmates Who Reported Sexual Abuse

Interviews with individuals who had previously disclosed sexual abuse confirmed that the facility responded swiftly, professionally, and compassionately. These individuals reported:

- No personal financial responsibility for any care or services received;
- No one was subjected to polygraph testing;
- All were provided written notification of the outcomes of their investigations.
- Timely intervention and support from staff following disclosure;
- Prompt referrals to medical and mental health services;
- The presence of a trained victim advocate providing support and explaining procedures;

PROVISIONS

Provision (a):

The PAQ and corroborating staff interviews confirmed that all individuals who report having experienced sexual abuse—whether inside the correctional setting or prior to incarceration—are offered timely medical and mental health evaluations, along with continued care. These services are initiated immediately following a report and tailored to the individual's needs.

Both CDOC Directive 6.12 and CMHC Policy G-57.1 mandate that all individuals reporting sexual abuse must receive immediate access to medical and mental health care, including crisis intervention, STI testing and treatment, and ongoing psychological support. Documentation reviewed during the audit confirmed full compliance and consistent application of these policies, with no cost to those receiving care.

Provision (b):

Healthcare staff reported, and documentation verified, that every evaluation includes development of a treatment plan. These plans ensure continuity of care, particularly when an individual is being transferred to another facility or preparing for release to the community. Treatment plans are documented, tracked, and reviewed to ensure follow-through and appropriate service delivery.

Administrative Directive 6.12 specifies that medical and mental health care must include planning for follow-up services and include referral mechanisms to maintain access to treatment across settings. Auditor review confirmed the presence of such planning in relevant cases.

Provision (c):

Staff affirmed that all ongoing care is delivered in accordance with the same clinical standards that would be expected in community-based healthcare settings. This commitment to parity of care is also reflected in both CDOC and CMHC policy, which require services provided within the correctional environment to mirror those available to the general public.

Provision (d):

Although no Sexual Assault Nurse Examiner (SANE) examinations occurred during the audit review period, facility protocols were reviewed and staff interviews conducted to ensure preparedness. Staff confirmed the availability of a clear, practiced process for facilitating timely forensic exams when necessary. In situations involving reported vaginal penetration of an individual capable of pregnancy, pregnancy testing is offered, along with access to lawful and appropriate pregnancy-related services.

Provision (e):

The PAQ and staff interviews confirmed that individuals who become pregnant as a result of sexual abuse are informed of their healthcare options and provided with full access to legally permitted services, including prenatal care or other medical interventions, consistent with their personal choice. Services are provided confidentially and without judgment, in alignment with CDOC and CMHC policy requirements.

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| | <p>Provision (f): Healthcare staff confirmed that STI testing and treatment is a routine component of post-assault medical care. Documentation reviewed by the Auditor showed that these services are consistently provided to individuals who report abuse, in accordance with accepted clinical practice and CDOC requirements. Testing and treatment protocols are followed without delay and without requiring investigative cooperation.</p> <p>Provision (g): All medical and mental health care related to sexual abuse is provided free of charge. Facility policy does not require individuals to name their perpetrator or participate in an investigation to access services. This policy was consistently confirmed during staff interviews and substantiated through documentation.</p> <p>Provision (h): In compliance with PREA requirements and CDOC Directive 6.12, any incarcerated individual found to have committed sexual abuse against another is referred for a mental health evaluation within 60 days of the determination. Records reviewed during the audit confirmed that such evaluations were conducted as required and that appropriate treatment plans were developed when clinically indicated. Mental health services aim to reduce the risk of further harm and promote behavioral change.</p> <p><u>CONCLUSION</u></p> <p>Following an in-depth review of facility documentation, interviews with medical and mental health personnel, and discussions with individuals who reported abuse, the Auditor has determined that the facility fully meets the requirements of PREA Standard §115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.</p> <p>The Connecticut Department of Correction demonstrates a strong institutional commitment to providing timely, trauma-informed, and clinically appropriate care for those impacted by sexual abuse, while also ensuring that individuals identified as perpetrators receive professional evaluation and support. All care is provided confidentially, without charge, and in alignment with best practices and applicable law. These efforts reflect a comprehensive and compassionate approach to meeting the physical and psychological needs of those affected by sexual victimization in custody.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

SUPPORTING DOCUMENTS

The following documentation was reviewed to assess compliance with the requirements of PREA Standard §115.86 – Sexual Abuse Incident Reviews:

1. Pre-Audit Questionnaire (PAQ) and all supplemental materials submitted in advance of the on-site audit;
2. Connecticut Department of Correction (CDOC), Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;
3. Section 22 of CDOC Administrative Directive 6.12 – Review by Facility of Sexual Abuse Incidents, which outlines specific procedural mandates for post-investigation reviews.

INTERVIEWS:

Facility Head

During the on-site interview, the Facility Head provided a clear and comprehensive description of the Incident Review Team's (IRT) composition and its operational responsibilities. The Facility Head furnished a current IRT roster and emphasized the facility's commitment to utilizing feedback from each review to improve safety, prevent future incidents, and uphold the agency's zero-tolerance policy. The Facility Head confirmed that recommendations from review team members are taken seriously and integrated into the facility's practices wherever appropriate.

Incident Review Team (IRT)

Interviews with members of the Sexual Abuse Incident Review Team confirmed the team's structure aligns with the requirements outlined in CDOC policy and the PREA standard. Team members described the review process in detail and verified that all criteria required under §115.86 are consistently considered when conducting reviews. The team prepares a formal report summarizing findings and recommendations, which is submitted to both the Facility Head and the facility's PREA Compliance Manager (PCM).

PREA Compliance Manager (PCM)

The PCM affirmed that the Sexual Abuse Incident Review Team is responsible for completing a post-investigation review within 30 days of the conclusion of any substantiated or unsubstantiated sexual abuse allegation. The PCM also confirmed receipt of these reviews and indicated they are submitted in tandem with the Facility Head. The PCM verified that no reviews were required in the past twelve months due to the absence of qualifying investigations.

PROVISIONS

Provision (a)

According to the PAQ, the facility did not complete any criminal or administrative investigations related to allegations of sexual abuse during the past 12 months, with

the exception of cases that were determined to be unfounded.

CDOC Administrative Directive 6.12, Section 22, mandates that each facility must conduct an administrative review for all allegations of sexual abuse and staff sexual harassment unless the allegation has been determined to be unfounded. These reviews must include input from relevant staff, including security supervisors, investigative personnel, and qualified medical or mental health professionals.

Provision (b)

The PAQ further indicates that, in the past year, there were no substantiated or unsubstantiated sexual abuse investigations that would have triggered the requirement for a post-investigation sexual abuse incident review within 30 days, as required under the standard.

CDOC Administrative Directive 6.12, Section 22, reinforces that such reviews must be conducted in all qualifying cases. These reviews must be completed within 30 days and involve input from a multidisciplinary team, including supervisory, investigative, and clinical staff. The directive ensures a holistic review of each incident to identify patterns or areas for improvement.

Provision (c)

The directive explicitly requires that the facility conduct administrative reviews for all non-unfounded sexual abuse and staff sexual harassment incidents. The review must incorporate insights from security leadership, investigators, and healthcare or mental health practitioners. The intent of these multidisciplinary reviews is to thoroughly assess the circumstances surrounding each incident and to recommend steps for mitigating risk and enhancing prevention efforts.

Further, the directive mandates that these reviews examine whether the incident was motivated by factors such as gender identity, intersex status, perceived sexual orientation, gang affiliation, or inmate vulnerability and whether any policy or procedural lapses contributed to the occurrence.

Provision (d)

CDOC Administrative Directive 6.12, Section 22, also outlines the required composition and responsibilities of the review team. Specifically:

Administrative reviews are mandated for all allegations of sexual abuse and staff sexual harassment unless the case is determined to be unfounded.

The review team must include representatives of upper-level facility leadership, along with input from line supervisors, investigators, and medical/mental health staff.

Any corrective action recommended by the team must either be implemented or, if not, the rationale for non-implementation must be documented and justified.

This collaborative approach ensures that leadership remains accountable for driving improvements in facility safety and culture.

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| | <p>Provision (e)</p> <p>In addition to the requirements noted above, Section 22 of CDOC Administrative Directive 6.12 affirms that any corrective actions recommended as a result of a sexual abuse incident review must either be implemented or formally documented with justification for non-implementation. Furthermore, any systemic or physical plant changes proposed by the team must be approved by the Connecticut Department of Correction at the agency level before execution. This added layer of oversight ensures that all changes align with statewide standards and available resources.</p> <p>CONCLUSION</p> <p>After a comprehensive evaluation of the PAQ, relevant policies, interview statements, and supplemental documentation, the Auditor concludes that the facility is in full compliance with all elements of PREA Standard §115.86 – Sexual Abuse Incident Reviews. Although no reviews were required in the past twelve months, the agency’s policy framework, procedural structure, and readiness to conduct such reviews demonstrate a consistent and proactive adherence to PREA standards.</p> |
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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>SUPPORTING DOCUMENTS</p> <p>To assess compliance with the provisions of PREA Standard §115.87 – Data Collection, the following resources were reviewed and analyzed:</p> <ol style="list-style-type: none"> 1. The facility’s completed Pre-Audit Questionnaire (PAQ) along with all supplementary documentation submitted prior to the on-site visit; 2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, dated July 20, 2015; 3. Section 3 of Administrative Directive 6.12, which defines key terms and acronyms used across PREA-related documentation and reporting; 4. Section 23 of Administrative Directive 6.12 – Internal Reporting, outlining CDOC’s infrastructure for collecting, managing, and submitting sexual abuse-related data; 5. The most current version of the Survey of Sexual Victimization (SSV-2), submitted to the U.S. Department of Justice (DOJ); 6. The latest CDOC PREA Annual Report, publicly posted and accessible on the agency’s official website. <p>Collectively, these documents reflect a systematic and coordinated approach to</p> |

collecting, evaluating, and disseminating data concerning sexual abuse and harassment incidents occurring in both state-operated and contracted facilities under CDOC jurisdiction.

INTERVIEWS

PREA Coordinator (PC) / PREA Director (PD)

The agency's designated PREA Coordinator or PREA Director confirmed during interviews that the CDOC maintains an active and structured process for collecting, analyzing, and utilizing data from a wide range of sources. These include incident documentation, investigative reports, and post-review assessments. This data is aggregated to satisfy annual federal reporting obligations, specifically the DOJ's requirement to submit information by June 30 each year. Data from both state-run institutions and private facilities operating under state contract is incorporated into this process.

PREA Compliance Manager (PCM)

The facility-level PREA Compliance Manager (PCM) also confirmed that data collection is an ongoing process involving meticulous review for accuracy and consistency. The PCM highlighted that information is gathered at both the incident level and as part of broader agency-wide aggregation, ensuring that all relevant information aligns with CDOC policy and federal reporting standards.

PROVISIONS

Provision (a)

As noted in the PAQ, the CDOC employs a consistent, agency-wide process for collecting data on all reported allegations of sexual abuse. This includes a standardized set of definitions and an agency-approved data collection tool. The PREA Coordinator or Director validated this procedure during interviews.

Section 23(A) of Administrative Directive 6.12 requires all allegations of sexual misconduct to be formally reported via Incident Report Form CN 6601, in accordance with Directive 6.6. These reports must also be included in the facility's monthly STARS report under Directive 1.6. Each case undergoes facility-level review and is further assessed using CN 61203, the Post-Investigation Facility Review Form. The STARS system captures and categorizes the outcomes of investigations as:

- Substantiated
- Unsubstantiated
- Unfounded

Additionally, all data—whether from agency-operated or contracted institutions—is retained for a minimum of ten years unless a legal requirement dictates otherwise and is made publicly accessible through annual reporting mechanisms.

Provision (b)

Both the PAQ and interviews with the PREA Coordinator/Director confirmed that the CDOC aggregates sexual abuse data at least annually. This practice was substantiated through the review of the most recent agency-wide PREA Annual Report.

Administrative Directive 6.12, Section 23(B), requires that CDOC submit annual data to the DOJ's Bureau of Justice Statistics. The report must include the following categories of incidents:

- Nonconsensual sexual acts
- Abusive sexual contact
- Staff sexual misconduct
- Staff sexual harassment

Each category must reflect all investigative outcomes: substantiated, unsubstantiated, unfounded, or still under investigation at the time of submission.

Provision (c)

The PAQ, as well as interview statements, confirm that the data collection tool used by the agency meets or exceeds the minimum specifications outlined in the most current DOJ Survey of Sexual Violence (SSV).

Directive 6.12, Section 23(A), requires that this information be submitted electronically via the DOJ's designated reporting portal (<http://harvester.census.gov/ssv>). The agency also ensures that all requested data for the previous reporting year is available for federal review upon request.

Provision (d)

The PREA Coordinator or Director explained that CDOC uses all collected data—ranging from individual incident reports to systemic trend analyses—to inform decision-making and drive agency-wide improvements.

According to Directive 6.12, Section 23(A), the PREA Coordinator is charged with analyzing this data to:

- Identify patterns and areas of concern;
- Recommend strategies or corrective actions to address issues;
- Develop and publish an annual report that outlines findings, facility responses, and any necessary policy or procedural changes.

This evidence-based approach supports CDOC's commitment to continuous improvement in sexual safety and aligns with national best practices.

Provision (e)

The PAQ and interview responses confirmed that CDOC's data collection process also

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| | <p>extends to all privately operated facilities under state contract. The same review and reporting standards are applied to contracted sites as to state-run facilities.</p> <p>Directive 6.12, Section 23(C), mandates that CDOC's annual report must:</p> <ul style="list-style-type: none"> • Compare the current year's data and institutional responses with those from previous years; • Assess the agency's overall progress in reducing and addressing incidents of sexual abuse; • Be formally reviewed and approved by the Commissioner; • Be posted publicly on the agency website; • Include redactions only when necessary to protect institutional security or the safety of individuals, with a written rationale for each redaction included in the report. <p>Provision (f)</p> <p>Both the PAQ and interview confirmations establish that CDOC submits all requested data for the previous calendar year to the DOJ in a timely and complete manner. The Auditor reviewed the most recent SSV-2 submission and verified compliance with this federal requirement.</p> <p><u>CONCLUSION</u></p> <p>Based on the thorough review of the facility's documentation, relevant policies, agency reporting structures, and interviews with key staff, the Auditor finds the Connecticut Department of Correction to be in full compliance with PREA Standard §115.87 – Data Collection.</p> <p>CDOC has implemented a structured, consistent, and well-documented process for collecting, aggregating, and reporting data related to allegations of sexual abuse and harassment. This process applies to all facilities under its operational control and contractual oversight. The agency's robust data practices reinforce transparency, foster accountability, and promote strategic enhancements to sexual safety, prevention, and response efforts across the correctional system.</p> |
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| 115.88 | Data review for corrective action |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To assess the agency's adherence to the requirements set forth in PREA Standard §115.88 – Data Review for Corrective Action, the following documents were reviewed in detail:</p> |

1. The completed Pre-Audit Questionnaire (PAQ), along with associated evidence submitted prior to the on-site audit;
2. Connecticut Department of Correction (CDOC) Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, effective July 20, 2015;
3. The most recent Survey of Sexual Victimization (SSV-2) submitted to the U.S. Department of Justice (DOJ);
4. CDOC’s latest Annual PREA Data Report;
5. The agency’s official PREA webpage (<https://portal.ct.gov/DOC/Miscellaneous/-/PREA>), which offers public access to reports and other PREA-related information.

Together, these resources illustrate CDOC’s structured, data-driven approach to monitoring, evaluating, and improving its efforts to eliminate sexual abuse within all facilities under its oversight. The materials also affirm the agency’s commitment to transparency, accountability, and continuous organizational learning.

INTERVIEWS

Agency Head or Designee

The individual designated to speak on behalf of the Agency Head confirmed that the CDOC Annual PREA Report provides a detailed, comparative analysis of data across multiple years. This report is designed not only to document existing prevention and response practices but also to identify trends and evaluate the impact of implemented strategies. According to the designee, the primary purpose of the annual report is to support strategic reform and system improvement, and to promote agency-wide accountability. The finalized reports are published on the CDOC’s publicly accessible PREA webpage.

Facility Head or Designee

The Facility Head explained that the facility’s internal PREA Review Committee regularly examines all allegations of sexual abuse and sexual harassment. These case reviews generate facility-level insights, which are forwarded to the agency’s PREA Coordinator. These submissions contribute to the development of the statewide annual report. This collaborative process ensures that the data and findings from each institution are integrated into the agency’s broader prevention and response efforts.

PREA Coordinator (PC) / PREA Director (PD)

The agency’s PREA Coordinator or PREA Director confirmed that the department conducts a thorough, annual analysis of all data collected pursuant to §115.87. This review includes evaluating training effectiveness, reporting mechanisms, prevention strategies, and investigative practices. The resulting report incorporates both individual facility findings and agency-wide assessments. Only information that would compromise individual privacy or facility security is excluded from publication. The Coordinator emphasized that the report serves as a vital tool for guiding ongoing

policy and procedural improvements.

PREA Compliance Manager (PCM)

The facility's PREA Compliance Manager noted that the CDOC maintains a central online repository for its PREA-related content, including the annual report, relevant agency directives, and data summaries. This centralized access point reflects the department's commitment to public transparency and allows stakeholders to remain informed about PREA-related performance and developments.

PROVISIONS

Provision (a)

Information provided in the PAQ and reinforced through staff interviews confirms that CDOC conducts regular evaluations of data gathered in accordance with PREA Standard §115.87. These assessments serve to gauge the effectiveness of the agency's prevention, detection, and response protocols and to drive operational improvements. Specifically, the review process includes:

Identifying patterns or areas of concern;

- Developing corrective measures at both the facility and department levels;
- Compiling an annual summary that outlines observed trends and responsive actions taken.
- Administrative Directive 6.12 tasks the PREA Coordinator with leading this process, preparing a comprehensive report, and submitting the findings to the Commissioner for review.

Provision (b)

The Auditor confirmed, through both the PAQ and interviews with agency leadership, that the annual report includes a comparison of the current year's data against previous years. This comparative analysis allows the agency to assess its ongoing progress in combating sexual abuse and informs the strategic direction of its policies and procedures. The Auditor reviewed the latest published report and found it met the PREA standards for data review and comparative reporting. The report is available for public review on the CDOC's website.

Provision (c)

The agency satisfies the requirement for public dissemination of its annual PREA reports by publishing them on its designated web platform. These reports are posted in a timely manner and presented in a clear and accessible format, ensuring that the general public can access the information without needing to file formal requests.

Provision (d)

According to the PAQ and corroborated in interviews with the PREA Coordinator/Director, any redactions within the public version of the annual report are limited strictly to protect individual privacy and maintain institutional safety. These redactions are minimal and justified, ensuring that the integrity and transparency of

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| | <p>the report remain intact. The Auditor reviewed the most recent public report and verified that it complies with this requirement.</p> <p>CONCLUSION</p> <p>After a detailed examination of agency policies, reporting procedures, annual publications, and interviews with key personnel, the Auditor concludes that the Connecticut Department of Correction is in full compliance with PREA Standard §115.88 – Data Review for Corrective Action.</p> <p>CDOC has established and implemented a robust, transparent, and evidence-based system for analyzing data related to sexual abuse and harassment. The process extends from individual facility assessments to agency-wide reporting and results in actionable, data-informed recommendations. The department’s clear commitment to ongoing evaluation, public transparency, and responsive action affirms its alignment with both the intent and specific requirements of the PREA standards.</p> |
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| 115.89 | Data storage, publication, and destruction |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To assess compliance with the requirements of PREA Standard §115.89 – Data Storage, Publication, and Destruction, the Auditor reviewed the following materials and resources:</p> <ul style="list-style-type: none"> • The facility’s completed Pre-Audit Questionnaire (PAQ) and all supporting documentation submitted by both the facility and the Connecticut Department of Correction (CDOC); • CDOC Administrative Directive 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, dated July 20, 2015, which outlines the agency’s formal procedures for handling sexual abuse-related data; • CDOC’s publicly available PREA webpage (https://portal.ct.gov/DOC/Miscellaneous/PREA), which provides public access to annual aggregate data reports, policies, and other PREA compliance information. <p>These materials reflect a comprehensive and standardized approach to managing sensitive data associated with sexual abuse incidents. CDOC’s policies and practices demonstrate the agency’s alignment with federal mandates regarding data security, access control, publication, and long-term retention or disposal.</p> <p><u>INTERVIEW</u></p> |

PREA Director (PD) / PREA Coordinator (PC)

During the interview, the PREA Director (or Coordinator) provided a detailed explanation of the agency's multi-layered data management framework. They described how the Connecticut Department of Correction safeguards sexual abuse-related data at both the facility and agency levels, ensuring confidentiality and controlled access.

Facility Head: Each facility enters incident-level information into the Risk Management System (RMS), a secure, access-restricted platform designed to protect sensitive content. Access is limited to authorized personnel based on professional responsibilities.

Agency-Head: At the departmental level, data from all facilities—including contracted sites—is collected, analyzed, and compiled to meet both internal oversight needs and external reporting requirements, such as the U.S. Department of Justice's annual Survey of Sexual Victimization (SSV-2).

Public Access with Safeguards: The PREA Coordinator confirmed that prior to publishing any data, the agency applies rigorous redaction procedures to remove personally identifying information. This ensures compliance with privacy and security standards while supporting the agency's transparency efforts. The Coordinator emphasized that CDOC's practices are reviewed regularly to ensure that data management remains consistent with evolving PREA standards and legal obligations.

PROVISIONS**Provision (a)**

According to information provided in the PAQ and confirmed during interviews, the CDOC securely retains all sexual abuse-related data, whether incident-specific or aggregate in nature. Administrative Directive 6.12 mandates that this data be maintained for a minimum of ten years. The Auditor verified that CDOC has appropriate systems in place to archive and protect historical records, thereby demonstrating compliance with retention and confidentiality expectations outlined in the standard.

Provision (b)

The agency confirmed, through both documentation and interview responses, that it compiles and publicly posts aggregated data on an annual basis. This includes data from all correctional facilities under CDOC's oversight, including any privately operated sites housing CDOC individuals. The Auditor reviewed the most recent publicly posted report and found it to be consistent with PREA expectations—offering a transparent overview of reported incidents, agency responses, and broader trends.

Provision (c)

Before publishing any PREA-related data, CDOC follows a structured review process to ensure that all personally identifiable information is thoroughly redacted. The PREA Coordinator described this process as a standard operating procedure that precedes

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| | <p>the release of each annual report. This protocol effectively balances the dual priorities of public transparency and the protection of individual privacy and facility security.</p> <p>Provision (d)</p> <p>The PAQ and accompanying documentation, as well as interview testimony from the PREA Director, confirm that CDOC retains all sexual abuse-related data for at least ten years, unless legal or regulatory requirements dictate a longer retention period. This retention policy is specifically outlined in Section 21 of Administrative Directive 6.12, which includes more stringent guidelines for investigative files. According to the directive:</p> <p>All records related to sexual abuse investigations—both administrative and criminal—must be preserved for the full duration of the involved individual’s incarceration or employment, plus five years thereafter.</p> <p>The Auditor reviewed historical records and confirmed that this retention policy is being properly implemented across the agency’s systems.</p> <p><u>CONCLUSION</u></p> <p>Following a comprehensive evaluation of CDOC’s policies, interview responses, and publicly available documentation, the Auditor has determined that the Connecticut Department of Correction is in full compliance with PREA Standard §115.89 – Data Storage, Publication, and Destruction.</p> <p>The agency demonstrates a robust and well-organized approach to managing sexual abuse data—from secure collection and long-term retention to responsible redaction and transparent publication. CDOC’s commitment to safeguarding confidential information, while also fostering accountability through public reporting, reflects a strong alignment with both the requirements and the intent of the PREA standards. This deliberate and thoughtful process supports ongoing efforts to prevent, detect, and respond to sexual abuse in correctional environments.</p> |
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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To assess compliance with PREA Standard §115.401 – Frequency and Scope of Audits, the Auditor reviewed publicly accessible information from the Connecticut Department of Correction (CDOC) website: https://portal.ct.gov/DOC/Org/PREA-Unit</p> |

This dedicated PREA webpage includes a comprehensive collection of audit reports, agency policies, and statistical summaries on sexual abuse and harassment in correctional settings. It serves as a transparent tool for public accountability and allows stakeholders to monitor CDOC's efforts toward PREA compliance across its correctional system.

INTERVIEWS

PREA Director / PREA Coordinator (PD)

In conversation with the PREA Director, it was confirmed that the current audit falls within the first year of the new three-year federal audit cycle (2022-2025). The PD explained that every facility under CDOC jurisdiction underwent an audit during the previous cycle (2019-2022), and full audit reports for each site are posted publicly on the CDOC's PREA webpage. The site also includes facility-level data on reported incidents of sexual abuse and harassment in compliance with PREA's transparency requirements.

Inmates

When asked about communication with the Auditor, all individuals interviewed confirmed that they were informed of their right to send confidential correspondence to the Auditor. They were allowed to do so in the same secure and private manner as if writing to legal counsel, without staff interference.

PROVISIONS

Provision (a): Audit Frequency

The PREA Director verified that each correctional facility within CDOC completed an audit during the prior three-year audit period (2019-2022). This current audit is the first to be conducted within the 2022-2025 cycle. CDOC has demonstrated its adherence to the audit schedule by maintaining publicly accessible audit records for each facility.

Provision (b): Public Posting of Audit Reports and Data

As required by the standard, CDOC posts finalized audit reports online, where they are available to the public. In addition, the department's website contains a broad array of statistical reports and summaries documenting sexual abuse allegations and outcomes across the agency. This ongoing transparency initiative reflects a commitment to accountability and continuous PREA compliance.

Provision (c-g, j-l, o): Not Applicable

These provisions were not applicable to the current facility or audit scope and therefore were not assessed.

Provision (h): Unrestricted Access to Facility

During the on-site portion of the audit, the Auditor was granted full access to all areas of the facility. At no time were there restrictions, delays, or denials of entry to any location. Facility and agency staff were cooperative and ensured the Auditor

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| | <p>had immediate access to any housing units, offices, and operational areas requested.</p> <p>Provision (i): Access to Documentation and Personnel CDOC and facility staff were prompt and cooperative in providing all requested documentation. Information was provided completely and without delay, enabling a thorough and efficient audit process.</p> <p>Provision (m): Private Interview Accommodations The Auditor was provided with a secure, confidential space to conduct interviews with staff and incarcerated individuals. This setting ensured privacy and allowed for open, unimpeded communication.</p> <p>Provision (n): Confidential Correspondence with the Auditor Individuals housed at the facility reported that they were clearly informed about their right to correspond confidentially with the Auditor. They confirmed they were able to do so using the same confidential procedures used for legal mail, consistent with PREA requirements.</p> <p><u>CONCLUSION</u></p> <p>Following a detailed review of documentation, online resources, and on-site observations, the Auditor concludes that the Connecticut Department of Correction and this facility are fully compliant with PREA Standard §115.401 – Frequency and Scope of Audits.</p> <p>The agency has demonstrated a structured, transparent, and policy-compliant approach to PREA audits, with timely posting of audit results, robust inmate communication protocols, and full cooperation during the audit process. The accessibility of PREA materials online and the absence of any restrictions to Auditor access further reinforce CDOC’s commitment to maintaining a culture of transparency, accountability, and zero tolerance for sexual abuse in its facilities.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p><u>SUPPORTING DOCUMENTS</u></p> <p>To assess compliance with PREA Standard §115.403 – Audit Contents and Findings, the Auditor reviewed materials published on the Connecticut Department of Correction (CDOC) official website, which maintains a dedicated Prison Rape Elimination Act (PREA) webpage accessible to the public:</p> |

<https://portal.ct.gov/DOC/Org/PREA-Unit>

This online resource houses a range of reports and materials consistent with PREA standards, including agency-wide and facility-specific data on allegations and outcomes related to sexual abuse and sexual harassment in custody. The site reflects CDOC's commitment to public transparency and accountability.

PROVISION

Provision (f): Public Availability of Audit Reports and Sexual Abuse Data

As required by this provision, the Connecticut Department of Correction ensures that completed audit reports are made publicly available online. The department's PREA Unit webpage provides downloadable copies of audit reports from the current and prior audit cycles for each facility within its jurisdiction. These documents include:

- Auditor compliance findings and narrative summaries;
- Corrective action plans (when applicable); and
- Final determinations of compliance with PREA standards.

Additionally, the PREA webpage includes statistical reports that track sexual abuse allegations and related data system-wide, in accordance with federal reporting requirements. These resources are easily accessible to the public and demonstrate the agency's efforts to promote transparency and uphold PREA's core values.

Website for access: <https://portal.ct.gov/DOC/Org/PREA-Unit>

CONCLUSION

After careful review and evaluation of the CDOC's publicly available materials and supporting documentation, the Auditor finds that the agency and this facility are in full compliance with PREA Standard §115.403 – Audit Contents and Findings.

The department has established reliable practices for publishing audit reports and relevant data, thereby fostering transparency and public accountability. The availability of detailed audit documentation and sexual abuse statistics affirms that CDOC meets all required provisions of this standard.

Appendix: Provision Findings**115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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| Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
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| Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
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115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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| Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
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| Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
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| 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 |
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115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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| 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 |
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| 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 |
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115.12 (a) Contracting with other entities for the confinement of inmates

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| 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 |
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115.12 (b) Contracting with other entities for the confinement of inmates

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| Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure | yes |
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| | 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 |

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| | 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 |

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| 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 |

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| | 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 | |
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| | 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 |

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| | 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 |

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| | 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 |

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| 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 | |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 | |

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| | 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 |

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| | 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 |

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| | Garrrity 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 |

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| | suspicious 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 |

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| | 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) | yes |

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| | 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 |

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| | 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 |

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| | 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 decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing | yes |

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| | 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 | |

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| | 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 |

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| | 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. | no |
| 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 |

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| | 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) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | 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) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | 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) | Exhaustion of administrative remedies | |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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? | yes |
| 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 |

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| | 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 |

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| | 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 |

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| | 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 |

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| 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 |

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| | 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 |

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| | 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 |

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| | 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). | na |
| 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 |

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| | 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 | |

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| | 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 |

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| 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 |

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| 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 |

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| | 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 | |

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| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 | Audit contents and findings | |

| (f) | | | |
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| | <table><tr><td data-bbox="306 165 1289 577">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.)</td><td data-bbox="1289 165 1498 577">yes</td></tr></table> | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |
| The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes | | |