

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

Interim Final

Date of Report July 21, 2018

Auditor Information

Name: Adam T. Barnett	Email: Adam30906@gmail.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: 2101 Bonnie Place	City, State, Zip: Augusta, Ga. 30906
Telephone: 404-683-6844	Date of Facility Visit: June 5 -7, 2018

Agency Information

Name of Agency: Connecticut Department of Correction		Governing Authority or Parent Agency (If Applicable): State of Connecticut	
Physical Address: 24 Wolcott Hill Road Wethersfield, CT 06109		City, State, Zip: same	
Mailing Address: same		City, State, Zip: same	
Telephone: 860-692-7480		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: "The Department of Correction shall strive to be a global leader in progressive correctional practices and partnered re-entry initiative to support responsive evidence-based practices aligned to law-abiding and accountable behaviors. Safety and security shall be a priority component of this responsibility as it pertains to staff, victims, citizens and offenders."			
Agency Website with PREA Information: www.ct.gov/doc			

Agency Chief Executive Officer

Name: Scott Semple	Title: Commissioner
Email: Scott.Semple@ct.gov	Telephone: 203-692-8136

Agency-Wide PREA Coordinator

Name: David McNeil	Title: PREA Director
Email: David.McNeil@ct.gov	Telephone: 203-250-8136
PREA Coordinator Reports to: Commissioner of Correction	Number of Compliance Managers who report to the PREA Coordinator 2

Facility Information

Name of Facility: Northern Correctional Institution			
Physical Address: 287 Bilton Road, Somers, CT			
Mailing Address (if different than above): same as above			
Telephone Number: 860-763-8600			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: “The Department of Correction shall strive to be a global leader in progressive correctional practices and partnered re-entry initiative to support responsive evidence-based practices aligned to law-abiding and accountable behaviors. Safety and security shall be a priority component of this responsibility as it pertains to staff, victims, citizens and offenders.”			
Facility Website with PREA Information: http://www.ct.gov/doc/lob/doc/PDF/PREAINfor.pdf			

Warden/Superintendent

Name: Nick Rodriguez	Title: Warden
Email: Nick.Rodriguez@ct.gov	Telephone: 860-763-6813

Facility PREA Compliance Manager

Name: Derrick L. Molden	Title: Deputy Warden
Email: Derrick.Molden@ct.gov	Telephone: 860-763-8622

Facility Health Service Administrator

Name: Brian Liebel	Title: Health Service Administrator
Email: Liebel@uchc.edu	Telephone: 860-6588

Facility Characteristics

Designated Facility Capacity: 604		Current Population of Facility: 274	
Number of inmates admitted to facility during the past 12 months			253
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			198
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			242
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			7
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-100	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			15.56 Months
Facility security level/inmate custody levels:			Level 5
Number of staff currently employed by the facility who may have contact with inmates:			235
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			2
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			10

Physical Plant

Number of Buildings: 1		Number of Single Cell Housing Units: 4	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		56	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Verint digital camera system			

Medical

Type of Medical Facility:	One four (4) bed infirmary staffed 24 hours
Forensic sexual assault medical exams are conducted at:	St Francis Hospital

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	4
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

Audit Findings

Audit Narrative

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

Methodology:

The PREA audit of the Northern Correctional Institution (NCI) "The Facility" operates under the parent company of the State of Connecticut Department of Correction; "The Agency". Northern Correctional Institution audit was conducted June 5 - 7, 2018. The auditor arrival date was June 4, 2018.

Pre-Audit:

During the Pre-Audit period the facility received instructions to Post the Required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. As of June 2, 2018, there were one communications from an inmate and none from staff. The Pre-Audit Questionnaire was completed and sent to the auditor as required.

The Auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the flash drive, to include both the Agency and the Facility policy and procedures, Agency Mission Statement, Daily population report, schematic/layout for the facility and the last Final PREA Audit Report. The PREA compliance Manager confirmed that all information on the Pre-Audit Questionnaire is accurate. The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted, and emails exchanged occurred with the facility.

The following documentation was requested:

- Resident Roster
- Youthful Inmates
- Inmates with Disabilities
- Inmates who are Limited English Proficient (LEP)
- LGBTI Inmates
- Inmates in segregated housing (PREA Related)
- Inmates who Reported Sexual Abuse
- Inmates who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Staff Personnel Files

- Resident Files
- Contractors who have contact with Inmates
- Volunteers who have contact with Inmates
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
- All hotline call made during the 12 months preceding the audit

On-Site:

The on-site audit process was not a team approach. On June 5, 2018, the entrance conference was held and attended by:

- Agency PREA Coordinator
- Agency Investigator
- Facility PREA Manager/Deputy Warden
- Administrative Captain
- DOJ Certified PREA Auditor

Welcomes were given by the Administrative Captain and the Deputy Warden. The Auditor introduced his self and provided a brief description of his experiences, qualifications, correctional and auditing background. The Audit Agenda was reviewed and discussed, to include resident population size based on 1st day of on-site audit, and a review of Day 1 thru Day 3 activities. Additional pre-audit information requested weeks prior to was obtained.

Tour:

On the first day of the audit after the entrance conference, the Auditor toured the physical plant escorted by the Administrative Captain, Facility PREA Compliance Manager, Agency PREA Coordinator and the Agency Investigator. It was requested that when the audit paused to speak to a resident, for staff to please step away so the conversation may remain private.

During the tour, the Auditor observed the location of video monitoring cameras around the facility, to include outside. The cameras are monitored 24 hours a day. None of the cameras field of view includes the toilet and shower areas. The Auditor noted that shower and toilet areas allow Inmates to shower ensuring their privacy from staff direct viewing. The auditor observed location of grievance boxes and the grievance office, to include how often the grievance was collected. Inmates phone were check to ensure they were working with a dial tone and hotline number. The inmate's risk screenings are completed in the intake area or by a counselor/case manager in their office. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

The Auditor spoke informally with inmates and staff during the tour which covered Administration, Intake, reception, living rooms, recreation area, dining area, programming areas, visitation areas, mail room, storage rooms, closets, etc.

The following observations were noted during the tour:

- Facility physical designed.
- The designed with a plethora of cameras and lines of observation are unobstructed throughout the facility.
- Moon mirrors was used to eliminate blind spots.
- There were no blind spots; however the facility is adding additional mirrors.
- Notices of the PREA audit were posted throughout the facility as required by the Auditor.
- The facility has holding rooms/cells.
- The facility has segregated rooms/cells (individual inmate rooms).
- The Inmates files are kept in a secured area.
- The Staff files are kept in a secured area.
- PREA information is posted and is available in Non-English and English to include reporting information.
- The cameras do not have a line of sight into resident’s rooms, or the toilet and showers.
- Staff of the opposite gender announces their present when entering living units 50% of the time.
- There are no youthful offenders.
- There were no new or renovated areas observed.

Facility Characteristics

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

Facility Demographics:

# of Full-Time Staff Reported First Day of Audit	216
# of Part-Time Staff Reported First Day of Audit	0
Types of Supervision Practiced:	Custodial Supervision; Video as a Second Set of Eyes
Facility Program Areas	<ul style="list-style-type: none"> - Alcoholic Anonymous - Anger Management - Individual Treatment Plan - Start Now Program
Inmate Housing: # of Housing Units	4
# of Segregation Cells (Administrative & Disciplinary)	56
Facility Inmate Designed Capacity	604
Actual Number of Resident Housed on the first Day	271
Number of Youthful Inmates Housed	0
Custody/Security Level in the facility	Level 5

Gender Composition	Males
Length of Stay over 72 Hours	242

Facility Background, Physical Plant and Security Supervision:

The Northern Correctional Institution is a level five, maximum security institution. It is designated to manage those inmates who have demonstrated a serious inability to adjust to confinement posing a threat to the safety and security of the community, staff and other inmates; are sentenced to death; or possess a high bond.

The Northern Correctional Institution provides a highly structured, secure and humane environment while affording inmates an opportunity through positive behavior and program participation to return to a less restrictive facility.

History of Northern Correctional Institution: NCI was completed in January 1995 and received its first inmates in March 1995.

- In 1995, Connecticut’s death row inmates were moved to the Northern Correctional Institution from the Osborn Correctional Institution where they were previously housed.
- February 1997 marked the arrival of the Chronic Disciplinary Unit.
- November 1999 marked the arrival of the Special Risk Group Threat population.
- November 2000, the Chronic Disciplinary Unit was removed from the facility.
- September 2004, the Chronic Disciplinary Unit was returned to Northern Correctional Institution.
- March 2012, the Chronic Disciplinary Unit was removed from the facility. This allowed for the successful closing on the 3 East Housing Unit. Also in the spring of 2012, NIC began moving forward with the proposed plans of removing the housing of all phases of Security Risk Group Threat Members.
- In July 2013, high bond inmates began transfers to Northern Correctional Institution. This was part of an extensive restructuring plan of the entire agency, in an effort by the administration to utilize its infrastructure and available bed space to operate on a more efficient basis.

The mission of the Connecticut Department of Correction:

“The Department of Correction shall strive to be a global leader in progressive correctional practices and partnered re-entry initiative to support responsive evidence-based practices aligned to law-abiding and accountable behaviors. Safety and security shall be a priority component of this responsibility as it pertains to staff, victims, citizens and offenders.”

Accreditation:

None

Staff Interviewed:

The Auditor conducted interviews with the following agency and facility leadership which are not counted in the totals below:

- Agency Head/ Designee: Previously Interviewed
- Warden: Nick Rodriguez
- Agency PREA Coordinator: David McNeil
- PREA Compliance Manager: Derrick L. Molden, Deputy Warden

The facility reported 216 staff members on the first day of audit, 216 full times and 0 part-time. The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff Interviewed	# Interviews Conducted
Random Staff (Total) Note: <i>Selected from All Shifts</i>	13
Specialized Staff (Total)	20
Total Staff Interviewed	33
Staff Interacted during Facility Tour	3
Staff Refused to interview	0
Breakdown of Specialized Staff Interviews	
✓ Agency contract administrator	0
✓ Intermediated- or higher-level facility staff responsible for conducting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	1
✓ Line staff who supervise youthful inmates, if any	0
✓ Education staff who work with youthful inmates, if any	0
✓ Program staff who work with youthful inmates, if any	0
✓ Medical staff	1
✓ Mental health staff	2
✓ Non-Medical staff involved in cross-gender strip or visual searches	1
✓ Administrative (Human Resources) HR Staff	1
✓ SAFE and/or SANE Staff	0
✓ Volunteers who have contact with inmates	1
✓ Contractors who have contact with inmates	1
✓ Investigative staff – Agency Level	2
✓ Investigative staff – Facility Level	0
✓ Staff who preform screening for risk of victimization and abusiveness	1
✓ Staff who supervise inmates in segregated housing	0
✓ Designated staff member charged with monitoring retaliation	1

✓ First responders, security staff	1
✓ First responders, non-security staff	1
✓ Intake	2
✓ Grievance Coordinator	1
✓ Volunteer Coordinator	1
✓ Administrative Captain	1
✓ 2 nd Shift Captain	1
Total Specialized Staff Interviews	20

Note: One or more of the 20 specialized staff interviewed was responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented in the table above exceeds the number of specialized staff interviewed.

Inmate Interviewed:

On the first day of the audit the facility designed capacity 604. The number of Inmates housed during the first day of the audit was 271. The Auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Category of Inmates	# of Interview Conducted
Random Inmates (Total) Note: <i>Selected from all Housing Units</i>	18
Targeted Inmates (Total)	6
Total Inmates Interviewed	24
Inmates Interacted with during Facility Tour	14
Inmates Refused to Interview (High Max Facility with Gang Unit)	44
Breakdown of Targeted Inmate Interviews	
✓ Youthful Inmates	0
✓ Inmate with a Physical Disability	1
✓ Inmates who are Blind, Deaf, or Hard of Hearing	0
✓ Inmates who are LEP	2
✓ Inmates with a Cognitive Disability	1
✓ Inmates who Identify as Lesbian, Gay, or Bisexual	1
✓ Inmates who Identify as Transgender or Intersex	0
✓ Inmates in Segregated Housing for High Risk of sexual Victimization	0
✓ Inmates who Reported sexual Abuse that occurred at the Facility	1
✓ Inmates who Reported Sexual Victimization During Risk Screening	0
Total Number of Targeted Inmates Interviews	6

Interviewed Inmate Length of Time at Facility

Days or Months	Number of Inmates
1 Day <i>to</i> 31 Days	2
32 Days <i>to</i> 6 Months	5
7 Months <i>to</i> 12 Months	8
13 Months Plus	9
Total	24

Records Review

Name of Record	Total # of Records	# Sampled and Reviewed
Personnel Records/Documentation	216	21
Volunteers and Contractors Files/Documentation	4	1
Training Files/Documentation/Records	216	25
Inmate Records	271	55
Medical / Mental Health Records (Victims)/Documentation	3	3
Grievance Forms (All Complaints, including SA and SH)	299	46
Incident Reports	1	1
Investigation Records (SA and SH)	12	12

Investigation Records

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Hotline	-	-	-	-
Grievances	0	0	0	1
Reports to Staff	2	9	0	1
Anonymous, 3 rd party	0	0	0	0
Reports by Staff	0	0	0	0

Note: The facility does not have access to the Connecticut State Police Hotline.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

On June 7, 2018, the Auditor conducted an exit conference with the agency and facility officials. Facility officials were very open and receptive to an honest discussion of areas where PREA compliance may need to be strengthened.

The Auditor received a confidential letter for an inmate at Northern Correctional Institution. Inmate was added to the inmate's interview list. The inmate interview lasted about 40 minutes. During the interview the auditor ask for clarification of different concerns expressed in the letter. All concerns the inmate express dealt with another facility. It was express that the inmate used the PREA line to report allegation thru the State Police Department and he received a disciplinary report for reporting. He express that staff was listen to the PREA call or the State Police Officer call the facility and reported. He submitted a Request for the video thru the "Freedom of Information Request". He received a response for the Department of Connecticut informing him that he must subpoena the requested information. This is based on the Connecticut General Statute, Chapter 14, Section 1-210, Subsection (18).

The following documentation was review regarding the inmate compliant:

- PREA Documents
- Administrative Remedy Receipts: #141-8280 Dated 3/16/18
- Administrative Remedy Receipts: #141-8238 Dated 2/21/18
- Administrative Remedy Receipts: #141-8263 Dated 3/6/18
- Grievance

The auditor ask the inmate during this time at Northern Correction Institution, was there any concerns, complaints or reporting of any PREA related issues. The inmate said no, he has not had any concerns with or at this facility.

There were four concerns from inmate's and staff interviews.

1. Concern: Twenty-four (24) inmates interviewed were ask, do female staff announce their presence when entering your housing area? Eleven (11) of the twenty-four (24) stated no. Inmates express concerns that they are getting "tickets" meaning a write up for just using the bathroom in their cell, when female officers conducting security checks.
 - a. Corrective Actions: The Facility conducts additional training during shift briefing reminding female staff to announce their presence when entering inmates housing units. Completed documentation of corrective actions received by auditor.
2. Concern: Twenty-four (24) inmate interviewed were ask, do you know if you are allowed to make a report of sexual abuse or sexual harassment without having to give your name? Fifteen (15) out of twenty-four (24) inmates stated no.
 - a. Corrective Actions: The Facility conducts or given refresher information to inmate populations. Completed documentation of corrective actions was provided to auditor.

3. Concern: Twenty-four (24) inmates interviewed were ask, do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? Eighteen (18) out of twenty-four (24) inmates stated they did not know.
 - a. Corrective Actions: The Facility share or given refresher information regarding the outside services offer thru the MOU with the Rape Crisis Center. Completed documentation of compliance received by auditor.

4. Concern: Thirteen (13) random staff interviewed were ask, Do you know who is responsible for conducting sexual abuse investigations at this facility? Eleven (11) out of thirteen (13) stated that the State Police is responsible for PREA investigations at Northern Correctional Institution. The Agency PREA Unit is responsible for PREA Investigations.
 - a. Corrective Actions: The Facility will provided refresher training regarding investigations and submitted to auditor when completed. Completed documentation was provided to the auditor.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the Department of Justice Final Rule for PREA Standards published in May 17, 2012. Forty-five (45) Community Confinement Standards were audited.

The PREA Coordinator was very knowledgeable about the PREA requirements and the implementation of processes and systems.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. The facility corrected concerns within the 45 days before the auditor released the primary report are reviewed as compliant.

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

Number of Standards Exceeded:	0
Number of Standards Met:	45
Number of Standards Not Met:	0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction (CDOC), Administrative Directive 6.12: Inmate Sexual Assault/Sexual Harassment Prevention and Intervention
- CDOC Policy 8.17: Gender Non-Conforming
- CDOC Policy 2.15: Custodial Staff Deployment
- CDOC Policy 10.4: Volunteer and Recreation Services
- CDOC Policy 9.7: Offender Management
- CDOC Policy 6.6: Reporting of Incidents
- CDOC Policy 10.2: Inmate Education
- CDOC Policy 10.12: Inmate Orientation
- CDOC Administrative Directive 2.3: Employee Selection, Transfer and Promotion
- CDOC Administrative Directive 8.1 Scope of Health Services Care
- CDOC Policy 1.10: Investigations
- CDOC Policy 6.9: Collection and Retention of Contraband and Physical Evidence
- CDOC Policy 6.6: Reporting of Incidents
- CDOC Administrative Directive 2.7, Training and Staff Development
- CDOC Policy 10.13 Offender Programs
- CDOC Administrative Directive 8.6: Credentials of Health Service Staff, Training of Health Services Staff
- CDOC Administrative Directive 9.4: Restrictive Status
- CDOC Policy 9.6: Inmate Administrative Remedies
- Sex Offender Registration Policy
- Agency PREA Coordinator
- Agency Organizational Chart
- Designated Facility PREA Compliance Manager
- Facility Organizational Chart
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Warden/Designee -
 - o Agency PREA Coordinator
 - o PREA Compliance Manager

The Connecticut Department of Correction published the above policies and documentations. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outlined the company's approach to prevent, detect, and response to sexual abuse and sexual harassment. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

Connecticut Department of Correction published the agency Policy/Administrative Directive 6.12, Inmate Sexual Assault/Sexual Harassment Prevention and Intervention, designates an upper level PREA Coordinator for the agency that has sufficient time and authority to develop, implement and oversee Connecticut Department of Correction (CDOC) efforts to comply with the PREA Standards in all its facilities. The agency operates more than one facility and each facility is required to designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards.

After the PREA standards were passed, CDOC appointed a Department level PREA Coordinator. Directive 1.6, documents the designation of the PREA Director as a Division Administrator. The effective date of the designation was August 8, 2014.

The Deputy Warden is designated as the Facility PREA Compliance Manager for Northern Correctional Institution (NCI). An interview indicated that the Deputy Warden has a great deal of correctional experience and sufficient time and authority to coordinate the facility's effort to comply with the PREA Standards.

Interview Results:

- The Warden confirmed the appointed of the Deputy Warden of Programs as the Facility PREA Compliance Manager.
- The previous interview via phone with Director of Corrections and documentation confirmed appointed of the Agency PREA Coordinator.
- Interview with the Warden confirmed that the Deputy Warden is the Facility PREA Compliance Manager and indicated that he has a great deal of correctional experience and sufficient time and authority to coordinate the facility's effort to comply with the PREA Standards.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC - Garner Correctional Institution Webpage
- CDOC PREA Webpage
- Letter/Email: Contracts for the Confinement of Inmates
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interview:
 - o Agency Contract Administrator (None)

The Connecticut Department of Correction has delegated authority with direct responsibility for the operation of facilities that confine inmates and detainees. NCI does not have authority to contract with other entities for the confinement of inmates. Interviews with the Facility PREA Compliance Manager and the Facility Warden indicated that the facility does not and has not contracted any other entity for the confinement of inmates.

Northern Correctional Institution is a state ran facility; therefore do not have an Agency Contract Administrator.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- o In the past 12 months, the number of NCI contracts for the confinement of inmates that the facility entered into or renewed with private entities or other government agencies since the last PREA audit reported was zero.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 2.15: Custodial Staff Deployment
- CDOC -NIC Webpage
- Collect Background Report for Vendors/Contractors
- CDOC Policy 10.4 – Volunteer and Recreation Services
- CDOC PREA Webpage
- Unannounced Rounds- Log Books
- Tactical/Operation Unit: Post Plans (Staffing)
- Incident Report Routing Sheet
- Incident Report Package List of Contents
- Incident Report
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o PREA Compliance Manager
 - o Facility Warden
 - o Intermediate and/or Higher Level Facility Staff - LT

NCI develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect inmates against abuse. An interview with the Deputy Warden indicated that the facility takes into consideration the 11 requirements in standard 115.13 (a) – 1:

An interview with the Facility PREA Compliance Manager revealed each time the staffing plan was not complied with; however, the facility documents and justifies all deviations from the staffing plan. Cameras are strategically located to supplement staffing and to enhance supervision of inmates. The Auditor is not going to provide further information related to the cameras because of security concerns; however, observations made during the tour confirmed this facility has a considerable number of cameras strategically located throughout the facility supplementing supervision inside the facility fence and outside.

NCI Directive and interview with the Facility Warden revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing plan to see whether adjustments are needed in:

- The staffing plan;
- The deployment of monitoring technology or
- The allocation of agency/facility resources to commit to the staffing plan to ensure compliance.

The PREA Compliance Manager's interview confirmed the process for conducting annual reviews. There were no deviations from the staffing plan, and there is no need for adjustments to the staffing plan; however, there is a staff shortage.

Per a review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews, the average daily number of inmates on which the staffing plan was predicated was 604.

Interviews with the Facility Management Team and documentation reviewed revealed that the intermediate level and/or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. CDOC requires unannounced rounds to be performed on all shifts and all areas of the facility occupied by inmates.

When announced rounds are being conducted, NCI Directive directs staff not to alert other staff. According to Directive "staff is prohibited from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility." The facility is an older facility and does have a number of areas that need to be checked during unannounced PREA rounds to determine clandestine sexual activity. Cameras are monitored in the control room and may also be viewed in the Warden's office.

The facility provided documentation to confirm unannounced rounds are being conducted. Unannounced rounds are documented in the log books in the inmate's living units. The documentation reviewed from the log books only states "conduct rounds".

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- Since the last PREA audit the average daily number of inmates on which the staffing plan was predicated reported was 604.

There were a concern from inmate's interviews.

1. Concern: Twenty-four (24) inmates interviewed were ask, do female staff announce their presence when entering your housing area? Eleven (11) of the twenty-four (24) stated no. Inmates express concerns that they are getting "tickets" meaning a write up for just using the bathroom in their cell, when female officers conducting security checks.

- a. Corrective Actions: The Facility conducts additional training during shift briefing reminding female staff to announce their presence when entering inmates housing units. Completed documentation of corrective actions received by auditor.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Youthful Inmates – (none)
 - o Staff Who Supervise Youthful Inmates (none)
 - o Education Staff Who Work with Youthful Inmates (none)
 - o Program Staff Who Work with Youthful Inmates (none)

Interviews with the Agency and Facility Management team and, a review of facility demographics /documentation reveal that NCI does not admit youthful inmates.

Interviews with the Facility PREA Compliance Manager and randomly selected staff indicated youthful inmates are not housed in this facility. Interviewed randomly selected staff stated youthful inmates are not housed at this facility and during the audit period no youthful inmates were observed.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- o In the past 12 months, the numbers of housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters reported was zero.
- o In the past 12 months, the number of youthful inmates placed in the same housing unit as adults at this facility reported was zero.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Connecticut Department of Correction Policy 6.7: Title - Searches Conducted In Correctional Facilities
- Connecticut Department of Correction Post Orders 6.2.01: General Post Orders
- CDOC Policy 9.7 – Offender Management
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC Policy 10.2 – Inmate Education
- Maloney Center for Training and Staff Development/ Lesson Plan Cover Sheet
- Searching Techniques: Correctional Practical Skills
- Staffing Roster
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Random Officers
 - o Non-Medical Staff Cross Gender Searches - Officer
 - o Random Inmates

NCI Directive 6.7 directs staff not to conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Documentation review indicated NCI reports no exigent circumstances for this audit period. The facility maintains a log book to document when exigent circumstances occur. The facility's search policy prohibits female staff from conducting strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by authorized medical personnel. Facility documentation also indicated that no female staff member has been authorized to conduct the above

searches within the PREA audit period. The facility provided documentation that NCI is for the management and operations of adult male offenders and female offenders are not housed in this facility.. Interviews with inmates confirmed that none of them had been strip searched by a female officer.

NCI rated capacity is 604, which exceed the 50 inmate rule. This provision does not apply.

Staff interviews and facility documentation indicated that all cross-gender strip searches and cross-gender visual body cavity searches will be documented. The facility only houses male inmates. Female officers do not conduct cross-gender strip searches and cross-gender visual body cavity searches.

CDOC Policy 6.1 requires NCI to implement policies and procedures that enable inmates to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell or bed checks. Interviewed inmates stated they are never naked in full view of staff and are provided privacy while changing clothes, showering and using the restroom. Observations of restrooms and shower during the tour confirmed inmates have privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the door way of the bathrooms and the shower areas to provide a little privacy even in an open bay dormitory style pod or dorm. Inmates reported they are never naked in full view of staff.

During the on sit audit visit the facility housed transgender and intersex inmates. CDOC policy directs staff not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, the facility determine 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.

Documentation review revealed that staff receives training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility provided samples of documentation to confirm staff has received and receive search training consistent with the CDOC policy. The PREA Compliance Manager confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of inmates reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female inmates that were conducted by male staff reported was zero.
- The number of pas-down searches of female inmates conducted by male staff that did not involve exigent circumstances reported was zero.

Interview Results:

- Concern: Twenty-four (24) inmates interviewed were ask, do female staff announce their presence when entering your housing area? Eleven (11) of the twenty-four (24) stated no. Inmates express concerns that they are getting “tickets” for just using the bathroom.
 - a. Corrective Actions: The Facility conducts additional training during shift briefing reminding female staff to announce their presence when entering inmates housing units. Completed documentation of corrective actions send to the auditor.
- Twenty-two (22) out of twenty-four (24) inmates interviewed from all housing units stated that they and other inmates are never naked in full view of staff, when using the toilet, showering, or changing clothing.

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

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

115.16 (a)

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

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Inmate Orientation (Informing the Inmate Population of PREA)
- CDOC Administrative Directive: 10.12 – Inmate Orientation
- American Sign Language Interpreting Services (9 Vendors)
- Inmate Handbook (English)
- Inmate Handbook (Spanish)
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency Head/Designee
 - o Random Officers
 - o Random Inmates
 - o Inmates with Physical Disability
 - o Inmates who are /LEP English Proficient
 - o Inmates who are Blind, Deaf, or Hard of Hearing
 - o Inmates with a Cognitive Disability

The facility has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

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

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

by health services staff or qualified sign language interpreter for the deaf or hard of hearing inmates who know sign language.

The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Staff interviews and documentation indicated that onsite interpreters are provided for Spanish speaking inmates. Assistance may be requested through security staff. Outside interpreting services are not available to the inmate population as dictated by policy and customer requirements.

The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 or the investigation of the inmate's allegations. Interviewed staff consistently stated they would not allow, except in emergency situations, an inmate to translate or interpret for another inmate in making an allegation of sexual abuse. They indicated that they can contact the staff who speak Spanish if the need arise.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

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

Interview Results:

- Two (2) out of two (2) inmates interviewed that was disabled stated that the facility provided information about sexual abuse and sexual harassment he was able to understand.
- Two (2) out of two (2) inmates interviewed was limited English Proficient, and staff member was use to translate for the auditor. The inmate stated that he was provided information about sexual abuse and sexual harassment that he was able to understand.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated

04/06/2015

- CDOC - Northern Correctional Institution Webpage
- Collect Background Report for Vendors/Contractors
- CDOC Policy 10.4 – Volunteer and Recreation Services
- Five Year Background Schedule
- Background Checks (Employee, Contractor and Vendor)
- CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Human Resource Staff

Administrative Directive, 6.12 requires the facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.
2. 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; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

Administrative Directive 6.12, requires that before hiring new employees who may have contact with inmates, the Department of Corrections will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of inmates or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

CDOC completes a criminal background records check before enlisting the services of contractors who may have contact with inmates. The CDOC conducts pre-employment integrity interviews, asking the PREA questions as a separate set of interview questions.

CDOC asks 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 and in any interviews or written self- evaluations conducted as part of reviews of current employees. CDOC also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.

CDOC policy prohibits staff from material omissions and the provision of materially false information.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks reported was 235.

Interview Results:

- An interviews with Human Resource Staff and Agency PREA Coordinator confirmed a hiring process that is comprehensive and through. Applicants for custody positions are able to apply on line for an exam. After taking the test and passing the test, the agency contacts them. On page three of the applicant package the three (3) PREA Questions is asked. Several additional questions are asked as well about previous or current charges. This information is submitted prior to scheduling an interview. During the interview, the HR Representative reviews the application page by page and confirms the contents of the application with the applicant so the PREA and Criminal Conviction information is verbally confirmed. Following the interview HR does the employer references and a background investigation conducted by the Security Division.

Following are a part of the background check process:

1. Driver Information;
2. Connecticut Master File;
3. Connecticut Suspense File;
4. Interstate Check;
5. DOC SS Check;
6. Name Check;
7. Out of State Checks as necessary.

Following an offer of employment and prior to being hired, the three PREA Questions are asked again.

A national check is done through the NICC and checks are made to determine if an applicant is on any inmate's visiting or phone list. Reference checks are made going five year back. Where an applicant has worked in another state agency, checks are made of those agencies as well. An offer of employment is then made contingent upon a physical exam conducted at the academy after which supplemental questions ask the employee about any arrests as well as asking the PREA related questions once again.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Overall Compliance Determination Narrative

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC PREA Webpage
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency Head/Designee
 - o Warden/Designee

The facility Management Team indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect inmates from sexual abuse.

The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse.

Interview Results:

- Interviews with the PREA Compliance Manager indicated the Warden and the Deputy Warden are actively involved in any planning processes related to any expansions or modifications to this facility or regarding any enhancements to the surveillance technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC – Administrative Directive 8.1 Scope of Health Services Care
- Letter from PREA Investigation Unit Director to Chief of Staff/ Office of the Deputy Commissioner (September 2, 2014)
- CDOC - Correctional Institution Webpage
- CDOC Policy 1.10 – Investigations
- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC PREA Webpage
- MOU between Connecticut Department of Correction and Connecticut Sexual Assault Crisis Services, Inc.
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o PREA Compliance Manager
 - o Random Officers
 - o Inmates Who Reported Sexual Abuse @ Facility
 - o SAFE and/or SANE Staff – None (Conducted by Local Hospital)

Paragraph 16 of Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment, states that the Connecticut State Police serves as the primary investigating authority in all incidents of sexual abuse with the Department of Correction. The Department's PREA Investigation Unit will assist the appropriate law enforcement agency as appropriate and conduct a separate intern investigation into the incident in accordance with Administrative Directive 1.10, Investigations.

The PREA Investigation Unit or designee serves as primary investigating authority for all incidents of sexual abuse and harassment.

The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining unable physical evidence for administrative proceedings and criminal prosecutions.

The protocol is appropriate, and is 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. The facility does not house Youth/Adolescents. Victims of sexual assault

For victims of sexual assault, interviewed staff indicated that the facility will offer all victims access to forensic medical examinations without financial cost.

The facility makes available to the victim a victim advocate from Connecticut Sexual Assault Crises Services. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility provided documents that showed efforts to secure services from Connecticut Sexual Assault Crises Services. The Agency has a MOU with Connecticut Sexual Assault Crises Services (CONNSACS).

The victim advocate is a qualified facility staff member, or qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

Interview with the Investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes standard provision (g) 1 and 2. Policy requires the Warden to request that outside investigative authorities conduct the investigation in accordance with PREA investigation standards.

The facility defines a qualified facility staff member or a qualified community- based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The facility has two staff members trained as Victim Advocates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of forensic medical exams conducted during the past 12 months reported was 0.
- The number of exams performed by SANEs/SAFE during the past 12 months reported was 0.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was 0.

Interview Results:

- Interviewed staff, including the investigator, was familiar with the evidence protocol and roles they would play as first responders. Medical staff related their role in sexual assault would be to provide any first aid

that might be needed because of injuring immediate medical attention. The staff stated they would “make sure the inmate victim was stable”, preserve the evidence and if, the mental health is on site, the mental health staff would conduct an assessment.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC – Northern Correctional Institution Webpage
- CDOC Policy 1.10 – Investigations
- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence
- CDOC Policy 6.6 – Reporting of Incidents
- PREA Investigation Findings by Halfway Houses – 2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency Head/Designee
 - o Random Officers
 - o Investigative Staff

According to interviews with Warden and the Facility PREA Compliance Manager, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on inmate-on-inmate or staff-on-inmate misconduct.

Agency policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative Directive 1.10, Investigations, Criminal Investigations, requires that criminal investigations, to include allegations of sexual abuse, fall under the jurisdiction of the Connecticut State Police. When a crime is detected Department personnel are required to secure the crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Department personnel may assist the state police, upon request but are prohibited from independently conducting any type of investigative activities, to include conducting interviews of any type. An Administrative Investigation may be conducted by the Department upon authorization of the Connecticut State Police. When any criminal activity is discovered during a

Department investigation, the matter will be referred to the Connecticut State Police through the appropriate chain of command.

Administrative Directive 6.12, 8.A.5 requires that any incident of inmate-on-inmate sexual abuse or staff-on-inmate sexual abuse/misconduct must be reported to the Connecticut State Police and the Security Division for investigation.

The Department's PREA Investigation Unit shall assist the appropriate law enforcement agency as needed and shall conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence.

The CDOC and NCI Directive 1.10 ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Per policy substantiated allegations of conduct that appears to be criminal are referred for prosecution. The investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. CDOC publishes the policy on its website.

Department of Justice components responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails have in place a policy governing investigations.

Administrative Directive 6.6, Reporting of Incidents requires the DOC to ensure that all incidents and emergencies are reported in a complete, accurate and timely manner. Policy describes the notifications required based on the alleged offense or incident. The Agency's website clearly provides information to viewers related to investigation by saying: All PREA Investigation Unit is in charge of all PREA related investigations and will accept complaints from any concerned individual. If an investigation reveals misconduct of a criminal nature the case will be referred to the Connecticut State Police for additional investigation and possible prosecution. All confirmed incidents can result in administrative sanctions and/or criminal prosecution.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received reported was 13.

Interview Results:

- An additional interview with staff confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report everything for investigations, including reporting, knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Administrative Directive, 2.7, Training and Staff Development, 6. Pre-Service Training Program, Direct Contact Staff
- Administrative Directive, 2.7, Training and Staff Development
- Training Module HREL 408A
- CDOC - Correctional Institution Webpage
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:

- Random Officers
- Staff

The Facility has trained staff that has contact with inmates on requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service and other additional training and include all requirements.

Training is tailored to the gender of the inmates at the employee's facility. Review of documentation revealed that staff receive additional training if the staff is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only male inmates.

All current employees have received training and the facility has provided each employee with refresher training every two years to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. Directive requires additional training for investigators, health practitioners and mental health staff to receive additional training specific to their areas of responsibility. Paragraph C., Roll Call notice, requires each facility to update staff as needed via roll call notices as directed by the Unit Administrator in consultation with the Agency PREA Coordinator.

The facility documents, through employee signature and electronic verification, staff understanding of the training they have received. The Marshall County Correctional Facility documents staff training using the Training Acknowledgement form and a training roster, which requires the staff and instructor signature, date and job title.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of staff employed by the facility, who may have contact with inmates, who were trained on the PREA requirements reported was 178.
- In the past 12 months, the number of staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements since the last audit reported was 235.

Interview Results:

- Interviewed staff consistently related they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired correctional officers.. Additionally, they consistently indicated they receive the training during Annual In-Service Training.
- Staff indicated refresher training is given during shift briefings. Staffs were comfortable during their interviews. They did not hesitate in responding to questions and their responses indicated that they have been trained in PREA, including the zero tolerance policy, reporting and the facility's response to allegations of sexual abuse and sexual harassment.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC - Garner Correctional Institution Webpage
- Volunteers, Interns and Professional Partners Handbook
- Maloney Center for Training and Staff Development Lesson Plan

- Employee Roster
- Volunteer & Recreation Services Collect Background Report
- Application Form for VIP's – Volunteers, Interns & Professional Partners
- Connecticut Department of Correct Contractor PREA Training
- VIPs In Correction PREA Training Acknowledgement Statement
- CDOC Policy 10.4 – Volunteer and Recreation Services
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Volunteers
 - o Contractors

The Agency Volunteer Coordinator is responsible to ensuring that all volunteers and contractors who have contact with inmates on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures receive the required training.

The Agency Volunteer Coordinator is responsible for ensuring all volunteers are background cleared and given orientation training prior to service. Staff provided a roster. This roster documented the volunteer having been approved for service, which enables the facility to know who is allowed in the facility. Approved means the individual has been given an orientation and has had a satisfactory background clearance.

Interviews and documentation indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and the contact they have with inmates. All volunteers and contractors are notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.

The facility maintains documentation confirming that volunteers and contractors understand the training they received. NCI documents volunteer and contractor training using the Training Acknowledgement form and rosters, which requires the volunteers, contractors and instructor signature and date.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- o The number of volunteers and individual contractors currently authorized to enter the facility reported was 4.

Interview Results:

- An interview with a facility contractor confirmed they had received PREA training, understood the zero-tolerance policy and how to report allegations or reports of sexual abuse or sexual harassment. An interview with the Volunteer Coordinator indicated all volunteers receive a safety and security orientation. They also are provided a PREA Handout which they verbally go over and provide examples.
- He related they are given information on detection, reporting, and following-up. They are told they are to have no contact with inmates, including handshakes and hugs. They watch the PREA Video and are allowed to ask questions.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC - Garner Correctional Institution Webpage
- CDOC Policy 9.6 – Inmate Administrative Remedies
- CDOC Policy 9.7 – Offender Management
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC Policy 10.13 – Offender Programs
- CDOC Policy 10.2 – Inmate Education
- Posters
- PREA Video
- What You Need to Know
- Inmate Handbook English
- Inmate Handbook Spanish

- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Intake Staff -
 - o Random Inmates

Staff interviews and documentation review indicated that during the intake process, inmates receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility included the following in the inmate education:

- Sexual Abuse Definitions
- Prevention
- Reporting
- Mailing Addressing and Phone Numbers

During intake, inmates are given the inmate handbook. During orientation, additional PREA related information is provided and the video is shown. The staff conducting intake/orientation gives inmates the opportunity to ask questions to clarify anything they do not understand. Inmate's acknowledgement statements were provided of receiving PREA information.

The facility provides comprehensive education to inmates in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information is provided to the inmates within 30 days.

All inmates at the NCI received and have been educated on PREA. Inmates that transfer to the facility also receive the required PREA Education.

Inmate interviews confirmed that the facility provides inmate education in formats accessible to all inmates, including limited English proficient, deaf, visually impaired, disabled, as well as to inmates who have limited reading skills. Staff and inmate interviews reveal that the facility provides the PREA Education in English and Spanish, to include inmate handbooks and posters. The facility also provided inmate PREA documentation in Braille format for those inmates that meet the requirement. Video is used during orientation as well as in the dorm setting. PREA related information is delivered to the inmate population through a closed circuit television. PREA related video content is narrated in both English and Spanish for the hearing and or visually impaired.

The facility maintains documentation of inmate participation in the education sessions by using the designated form acknowledging Receipt of the materials or the Inmate PREA Information Acknowledgement Statement. The check list requires the inmate to sign and date and is witnessed by staff signature.

In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to inmates through posters, inmate handbooks, and other written formats.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- o The number of inmates admitted during past 12 months who were given this information at intake reported was 356.

Interview Results:

- Interviews with staff who conduct intake and a counseling supervisor indicated that at intake the inmate is given a handbook, sees a PREA Video and signs an acknowledgement statement confirming receiving the PREA information and that he understands it.
- Several interviewed intake staff related that during orientation the inmate sees the PREA Video and is given the opportunity to ask questions and signs as acknowledgment that they have received PREA information.
- Three (3) out of twenty-four (24) inmates interviewed stated when they first came to NCI they did not received information regarding facility rules against sexual abuse and harassment.
- Twenty-four (24) inmates were interviewed using the following statement, when you came to NCI, were you told about:
 - o You're right to not be sexually abused or sexually harassed, three out of twenty-four answer no, they were not told or cannot remember.
 - o How to report sexual abuse or sexual harassment, two out of twenty-four answer no, they were not told or cannot remember.
 - o Your right not to be punished for reporting sexual abuse or sexual harassment, two out of twenty-four answer no, they were not told or cannot remember.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Investigation Training/ PREA Investigation Unit October 13, 2015
- CDOC Policy 1.10 – Investigations

- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence
- Staff Transcript Summary
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Investigative Staff-

In addition to the general PREA training provided to all employees, Administrative Directive, Investigations, requires that PREA investigators received training in conducting investigations in confinement settings.

Administrative Directive 1.10, Investigations, Section 11, requires each investigator who is assigned to work with the Security Division and/or PREA Unit is required to complete an approved training program prior to conducting an investigation. Investigators are trained through the Department of Correction.

The Specialized training was conducted by CDOC. The Department curriculum for training outline provided included; techniques for interviewing sexual abuse victims, proper use of Weingarten/Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, Properly conducting interviews, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral.

The facility maintains documentation of investigators having completed the required specialized training in conducting sexual abuse investigations.

Department of Justice component that investigates sexual abuse in confinement settings shall provide training to agents and investigators who conduct such investigations. This provision does not apply to NCI.

Interview Results:

- An interview with the agency’s PREA Director, who supervises the PREA Investigation Unit, confirmed he and his staff have completed the specialized training as required.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- 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? Yes No
- 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? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Directive Number 2.7 – Training and Staff Development

- Administrative Directive 8.6, Credentials of Health Service Staff, Training of Health Services Staff
- NIC PREA Medical Care for Sexual Assault Victims in a Confinement Setting Course
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Medical Staff
 - o Mental Health Staff

Administrative Directive requires medical and mental health staff practitioners who work regularly in the facilities received specialized training. The training includes:

- The Department’s zero tolerance policy regarding sexual abuse and sexual harassment,
- Detection and assessment of signs of alleged sexual abuse and/or sexual harassment,
- The correct reporting of alleged sexual abuse and/or sexual harassment events,
- Preservation of physical evidence of sexual abuse, and
- Effective and professional response to victims of alleged abuse and/or sexual harassment.

The Specialized training is developed for the UCONN Health Care agency.

The medical staff at NCI does not conduct forensic examinations. Exams are conducted in hospitals that have Sexual Assault Nurse Examiners of Sexual Assault Forensic Examiners. The examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

The facility maintains documentation that medical and mental health practitioners have received the training referenced in this standard. Training rosters, staff meetings sign in sheets and acknowledgments was submitted to the auditor.

Interview Results:

- Interviews with the Health Services Administrator and a healthcare staff confirmed the specialized training received by medical and mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Connecticut Department of Correction, Administrative Directive, 9.3, Inmate Admissions, Transfers and Discharges
- University of Connecticut Health Center / Transfer Summary
- Intake Health Screening form (HR-001)
- Inmate Intake Form (CN 9306)
- PREA Screening Form (CN 9306/2)
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Inmates

The facility assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.

Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the NCI. In addition, during intake screening, procedures requires staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly.

The facility uses the CDOC PREA Screening Form (CN 9306/2) as the facility screening for Risk of Victimization and Abusiveness as the objective screening instruments.

Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include all of the required information for the standard.

Interviews and documentation reviewed indicated that the Mental Health staff reassesses the inmate's risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the inmate is identified at risk for victimization or for being at risk for being sexually abusive.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).

The agency implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates as described above.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- The number of inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility reported was 356.
- The number of inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake reported was 351.

Interview Results:

- Following the intake victimization screening, interview with a counselor, the next morning a counselor in the housing unit retrieves the completed inmate Intake Form and reviews the inmate's responses to the questions asked during intake. She also related that she then reviews the inmate database and master file and answer the questions at the bottom of the screening from after reviewing information in the inmate's data base where information is available related to the inmate's charges, sentence, criminal history and disciplinary reports and other information.
- A counseling supervisor indicated screening is conducted in a separate room and again, if an inmate answers yes to any questions during the initial intake assessment, a supervisor is called to interview the inmate regarding his feelings of safety to determine the safest place to house him or if the inmate cannot stay on this compound.

- Interview with the Counseling staff indicated they would conduct a reassessment, using the Inmate Intake Form, to conduct a reassessment within 30 days following the initial vulnerability screening. Counseling staff indicated the reassessment include reviewing the inmate history, looking for any charges or anything that has happened previously, review any separation files and any PREA related issues.
- Twenty-four inmates were ask, when you first came to NCI, do you remember whether you were asked any questions like:
 - o Whether you been in jail or prison before, twenty-four out of twenty-four answer yes.
 - o Whether you have ever been sexually abused, twenty-three out of twenty-four answer yes. One could not remember.
 - o Whether you identify with being gay, lesbian, or bisexual, twenty-three out of twenty-four answer yes. One could not remember.
 - o Whether you think you might be in danger of sexual abuse at NCI, twenty-four out of twenty – four answer yes.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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? Yes No

- 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? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- University of Connecticut Health Center / Transfer Summary
- PREA Screening Form
- Inmate Intake Screening Form
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness -
 - o Random Inmates
 - o Inmates who Identify as Lesbian, Gay or Bisexual - 1
 - o Inmates who Identify as Transgender or Intersex - None

Connecticut Department of Correction Administrative Directive 9.3 requires NCI to use information from the risk screening required to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each inmate will be made according to staff interviewed.

The Administrative Directive requires any inmate who is identified as transgender or intersex during the intake or transfer screening process shall be evaluated on a case-by-case basis. These evaluations seek to determine the safest and most appropriate housing placement with serious consideration being given to the inmate's own views regarding his or her own views regarding his/her own personal safety. Housing assignments and programming opportunities for transgender and intersex inmates shall be reviewed and evaluated at a minimum of twice per year.

Staff interviews indicated that when making placement and programming assignments for each transgender or intersex inmate the facility will reassess the inmate at least twice each year to review any threats to safety experienced by the inmate.

Staff interviews also indicated if they were to have a transgender or intersex inmate, the inmate's own views with respect to his or her own safety will be given serious consideration.

Transgender and intersex inmates will be given the opportunity to shower separately from other inmates.

Interview Results:

- Interview with the Facility PREA Compliance Manager indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on identification status for protecting such inmates.
- One out of one inmate identified as gay were interviewed stated that they never been put in a housing area only for gay, lesbian, bisexual, transgender, or intersex inmates.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Administrative Directive 9.4, Restrictive Status
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews
 - o Warden/Designee -
 - o Staff Supervise Inmates In Segregated Housing
 - o Inmates in Segregated Housing for High Risk of Sexual Victimization - (None)

Interviews and documentation review at NCI indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews also reveal that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Staff interviews indicated that if an inmate is placed in segregated housing they will be provided with access to programs, privileges, education, and work opportunities.

If the NCI signs inmates to involuntary segregated housing, policy requires them to be housed only until an alternative means of separation from likely abusers can be arranged, and assignment does not exceed 30 days.

If the facility places an inmate in involuntary segregated housing, the facility will document as required by this provision.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- o The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment reported was zero.
- o The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement reported was zero.
- o From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include both (a) a

statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged reported was zero.

Interview Results:

- The Deputy Warden, in an interview, stated the use of involuntary restricted housing would be a last resort and if used, an assessment would be conducted documenting that less restrictive means were not available.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
 Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC Policy 10.2 – Inmate Education
- Connecticut Sexual Assault Crisis Services (CONN-SACS)
- PREA Investigation Unit Hotline
- PREA Director's Office Contact
- DESPP Headquarters Communication Center
- Posters – Break the Silence (Spanish and English)
- Inmate Acknowledgement Statement
- Website Re: PREA Contact Representative Data
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o PREA Compliance Manager
 - o Random Officers
 - o Random Inmates

Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for inmates to report privately to NCI and Connecticut Department of Correction officials regarding sexual abuse and sexual harassment, retaliation by other inmates or staff, to include staff neglect or violation of responsibilities that may contributed to PREA incidents. The follow are internal reporting ways:

- Grievance System
- Tell the Case Manager
- Chaplain
- Reporting to any staff member either verbally or in writing
- Department of Correction PREA Hotline
- Connecticut State Police Hotline and Address Provided
- District Administrator Address
- DOC Security Division Address
- CONNSACS Advocacy Address and Hot Line Number Provided
- Writing an inmate request
- Writing an anonymous note
- Calling the CSP Hotline

Interviews with staff and documentation indicated that the facility has established at least one way for inmates to report abuse or harassment to a public or private entity that is not part the agency, and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The following are external reporting ways:

- Department of Correction PREA Hotline
- Connecticut State Police Hotline and Address Provided
- District Administrator Address
- DOC Security Division Address
- CONNSACS Advocacy Address and Hot Line Number Provided

Interview Results:

- An interview with the Facility PREA Compliance Manager indicated that NCI is tasked with the obligation to house adult male criminal inmates. The facility does not detain inmates solely for civil immigration purposes. However, if they receive an inmate solely for civil immigration purposes the facility will provide the inmate with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
- Interviewed inmates were asked, how would you report any sexual abuse or sexual harassment that happened to you or someone else? Twenty-four out of twenty-four inmates stated several ways they would report, including telling a staff, using the hotline, passing a note, or filing a grievance.
- Two out of twenty-four inmates interviewed stated that they did not know if you are allowed to make a report without having to give your name.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 9.6 – Inmate Administrative Remedies
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC Policy 10.13 – Offender Programs
- CDOC Policy 10.2 – Inmate Education
- Inmate Handbook
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Inmates Who Reported Sexual Abuse @ Facility -

NCI has an administrative process to address inmate grievances regarding sexual abuse.

Time limits and informal grievances:

1. The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate can submit a grievance any time regardless of when the incident is alleged to have occurred.
2. According to staff interviews, the facility does not require an inmate to use any informal grievance

process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

According to Staff Interviews, the facility ensures that:

1. Inmates who allege sexual abuse submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from the case manager, the Grievance Officer or ask any staff members; they may mail it to the warden.
2. The grievance is not referred to a staff member who is involved in the allegation.

Filing Grievance:

1. Staff interviews indicated that if a resident files a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months.
2. An interview with the Grievance Officer indicated that computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.
3. CDOC policy requires NCI to notify the inmate in writing when the organization files for an extension, including notice of the date by which a decision will be made.

Third Parties:

1. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmate in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of inmate.
2. If a third party files a request on behalf of an inmate, the facility will 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.

Emergency Grievances:

1. The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse.
2. According to interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations.

Inmate's documentation indicated that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse when the inmate filed the grievance in bad faith.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed reported was 0
- The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith reported was 0.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Connecticut Sexual Assault Crisis Services (CONN-SACS)
- PREA Investigation Unit Hotline
- PREA Director's Office Contact
- DESPP Headquarters Communication Center
- Posters – Break the Silence (Spanish and English)
- Inmate Handbook (English)
- Inmate Handbook (Spanish)
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Random Inmates
 - o Inmates Who Reported Sexual Abuse @ Facility

The NCI provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address to the Connecticut Sexual Assault Crisis Services (CONN-SACS). An interview with the Facility PREA Compliance Manager and the Warden indicated that the NCI is a facility tasked with the obligation to house adult male inmates.

NCI informs inmates prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. Inmates receive this information during the intake or their Admission and Orientation process.

The Facility maintains a memorandum of understanding with the Connecticut Sexual Assault Crisis Services (CONN-SACS). The center provides inmates with confidential emotional support services related to sexual abuse. The facility maintains a copy of the agreement of file.

Interview Results:

- Eighteen (18) out of twenty-four inmates interviewed stated that they did not know if there are services available outside of NCI for dealing with sexual abuse, if they needed it.
- Twenty-four out of twenty-four inmates interviewed stated that they think the PREA hotline numbers are free to call.

Concern: Twenty-four (24) inmates interviewed were ask, do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? Eighteen (18) out of twenty-four (24) inmates stated they did not know.

a. Corrective Actions: The Facility share or given refresher information regarding the outside services offer thru the MOU with the Rape Crisis Center. Completed documentation of compliance received by auditor.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o PREA Compliance Manager

NCI uses the CDOC website page as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor’s information.

Third party information is being provided to all visitors regarding their family members that are incarcerated at NCI by a agency website. If at any time an inmate makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report of the inmate’s behalf by contracting assigned staff. All sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the offender.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Warden/Designee -
 - o Random Officers
 - o Medical Staff
 - o Mental Health Staff

Facility policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against inmates or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.

Facility policy requires, apart from reporting to the designated supervisors or officials and designated state or local services; staff is prohibited from revealing any information related to a sexual abuse incident to anyone other than to make treatment, investigation, and other security and management decisions.

When sexual abuse incidents occur at NCI, staff interviews indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, initially to the facility’s designated investigators.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency Head/Designee -
 - o Warden/Designee -
 - o Random Officers

When NCI learns that an inmate is at substantial risk of imminent sexual abuse, it takes immediate action by offering the inmate to move to special housing or protection custody until the matter is resolved.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- o In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse reported was 0.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Connecticut Department of Correction Policy 9.9: Title – Protective Management
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency Head/Designee -
 - o Warden/Designee -

NCI has not received any allegation that an inmate was sexually abused while confined at another facility. Per staff interviews, if the facility did receive an allegation the facility would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred

The facility provided a process that they would use if an inmate alleged sexual assault or sexual harassment.

Staff interviews indicated that if receiving allegations were reported from other facilities, they would complete an incident report and send for investigations.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- o During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility reported was 0.
- o In the past 12 months, the number of allegations of sexual abuse the facility received from other facility reported was 0.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Random Officers
 - o Security Staff First Response -
 - o Non-Security Staff First Response -
 - o Inmates Who Reported Sexual Abuse @ Facility -

Interviews with staff and staff training indicated when staff learn of an allegation that an inmate is sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

According to non-security staff, if they are the first responder they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

Interview Results:

- Non-Security staff that were interviewed as a First Responders describe the actions taken to an allegation of sexual abuse is to:
 - o Separate the alleged victim and abuser,
 - o Contact the supervisor,
 - o Preserve and protect the crime scene,
 - o Request that the alleged victim not to wash, brush teeth, change clothes or use the bathroom,
 - o Request the same for the alleged abuser.
- Interview with Security Staff indicated that as First Responders describe the actions taken to an allegation of sexual abuse is to:
 - o Separate the alleged victim and abuser,
 - o Contact the supervisor,
 - o Preserve and protect the crime scene,
 - o Request that the alleged victim not to wash, brush their teeth, change clothes or use the bathroom.
 - o Request the same for the alleged abuser.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Warden/Designee -

The facility policy response protocol provided guidelines for staff a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff were first responders, medical and mental health practitioners, investigators, and facility leadership.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency Head/Designee -

Staff interviews and documentation indicated that NCI current relationship with union or collective bargaining agreements do not limit NCI ability to remove alleged staff sexual abusers from contract with inmates

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency Head/Designee
 - o Warden/Designee-
 - o Designated Staff Charged with Monitoring Retaliation

- Inmates Placed in Segregated Housing PREA Related
- Inmates Who Reported Sexual Abuse @ Facility

CDOC prohibits retaliatory behavior by inmates or staff in regards to the reporting of sexual abuse, sexual harassment or cooperation with investigators as it relates PREA related incidents and allegations. Inmate rights documentation and staff policy establishes expected conduct. The facility PREA Compliance Manager is responsible for monitoring retaliation along with supervisor’s to monitor inmates as it relates to PREA allegations and incidents.

The facility has several protection and reporting measures, for inmates. They can utilize the “Grievance Program” to document retaliatory acts or other PREA related concerns and issues. The process is over-seen by the facility Grievance staff who works in concert with the facility administrators and investigators to ensure privacy and policy compliance. The facility has the option to change inmate housing or transfer 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.

The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and act promptly to remedy any retaliation. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months reported was 0.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observation:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Warden/Designee -
 - o Staff Supervise Inmates In Segregated Housing -
 - o Inmates Placed in Segregated Housing

The facility's use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is based on the requirements of standard 115.43. Interviews and documentation review at NCI indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Interviews also reveal that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- o The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment reported was 0.
- o The number of inmates who alleges to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement reported was 0.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC - Garner Correctional Institution Webpage
- CDOC Policy 1.10 – Investigations
- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence
- CDOC Policy 6.6 – Reporting of Incidents
- Sex Offender Registration Policy
- PREA Investigations (Review 18 Investigations on site, 16 were not completed in the proper time frame or investigated)
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Warden/Designee -
 - o PREA Compliance Manager
 - o Investigative Staff -
 - o Inmates Who Reported Sexual Abuse @ Facility -

CDOC PREA Office uses investigators who have received special training in sexual abuse investigations. The PREA Investigators have completed the PREA Investigation Protocols.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

- Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documented description of the physical and

testimonial evidence, and investigative facts and findings.

When outside Departments investigate sexual abuse, NCI cooperates with investigators and endeavors to remain informed about the progress of the investigation.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 1.10 – Investigations
- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence
- Sex Offender Registration Policy
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Investigative Staff -

Administrative Directive 1.10, Investigations, Section 3, Paragraph K., Preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue if

more probably true than not. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

Interviews with the investigator and a PREA Unit Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- 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 posted within the inmate's unit? Yes No
- 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 No
- 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 No
- 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 No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC Policy 10.2 – Inmate Education
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Warden/Designee -
 - o Investigative Staff -
 - o Inmates Who Reported Sexual Abuse @ Facility -

Administrative Directive 1.10, Investigations, Section 8.G, Reporting to Inmates, and Administrative Directive 6.12, Paragraph 17, Reporting to Inmates Making an Allegation of Sexual Abuse, requires that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a Department Facility, the PREA Unit will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In those cases in which the PREA Unit did not conduct the investigation, the relevant information will be requested from the investigative agency in order to inform the inmate. The PREA Unit's obligation to an inmate terminates if the inmate is released from Department custody.

AD 6.12, Paragraph 17, Reporting to Inmates Making an Allegation of Sexual Abuse requires that following an investigation by the Connecticut State Police into an inmate's allegation that he/she suffered sexual abuse in a facility the PREA Unit will inform the inmate when an allegation is found to be substantiated. Following investigation into an inmate's allegation that he or she has suffered sexual abuse in a facility, the PREA Unit shall inform the inmate when an allegation is found to be substantiated

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the Department will subsequently notify the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer in the inmate's housing unit; 2) the staff member is no longer employed at the facility; 3) the Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4) the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are to be documented on the CN 9202 Offender Classification History form. The Department's obligation to report under this standard terminates if the alleged victim is released from the Department's custody.

When NCI notifies inmates, it uses the Notification of Outcome of Investigation letter as its documentation. Facility were informed that there were a backlog on investigations.

Interview Results

- The investigator indicated if a call is made via the hotline the facility would receive a call from the PREA Unit. The facility's role at this point would be to collect information and after consultation with the PREA Unit, decide how to proceed. Staff described the investigative process. Investigations, at each level, must be assigned by the Regional Administrator. The agency has a Security Division with investigators who are more likely to be called in when allegations involve staff. Their role is similar to that of "internal affairs". The PREA Unit Investigators may decide that a case can be handled by the investigator or they may conduct the investigation based upon the initial facts in the case. If the allegation appears criminal in nature, the case will be referred to the Connecticut State Police.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Investigator

Policy, staff shall be subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and/or harassment policies. The policy indicates that termination is the presumptive disciplinary sanction for staff who have been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- o In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.
- o In the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0.
- o In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

Interview Results

- Interviews with the Warden’s Designee confirmed staff violating agency sexual abuse policies will be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Collect Background Report for Vendors/Contractors
- CDOC Policy 10.4 – Volunteer and Recreation Services
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Warden/Designee -

Administrative Directive 6.12, Paragraph 21, Disciplinary Sanctions, Corrective Action for Contractors, Vendors and Volunteers, identifies sanctions for contractors, vendors and volunteers who engage in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contract with inmates, in the case of any other violation of agency inmate sexual abuse or sexual harassment policies by a contractor or volunteer.

Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. This information is provided in the VIP Handbook provided to all contractors and volunteers.

There have been no violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months. This was documented on the Pre-Audit Questionnaire and confirmed through interviews with the PREA Compliance Manager.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Master Programming Schedule
- Programs & Treatment Unit
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Warden/Designee -
 - o Medical Staff
 - o Mental Health Staff

Administrative Directive 9.5, Code of Penal Discipline, 12, Class “A” Offenses, BB. Sexual Misconduct, states that sexual misconduct is involvement in activities as defined in the Sexual Abuse Directive (6.12).AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, C. Inmate Discipline, states inmates shall be subject to disciplinary sanctions in accordance with Administrative Directive 9.5, Code of Penal Discipline if an inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Too, the agency will discipline inmates for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. However, if an investigation concludes that the report of sexual abuse was not made in good faith, an inmate may be subject to discipline in accordance with

Administrative Directive 9.5, Code of Penal Discipline. All sexual activity between inmates is prohibited and inmates may be disciplined for engaging in this activity. However, if the activity is not coerced, inmates engaging in the activity will not be found guilty of sexual abuse, although they may be subject to other disciplinary sanctions.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 8.5 – Mental Health Services
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Medical Staff
 - o Mental Health Staff
 - o Staff Screening for Risk of Victimization and Abusiveness -
 - o Inmates Who Reported Sexual Victimization During Risk Screening/PREA Screening -

Administrative Directive 8.5, Mental Health Screening, Mental Health Services, require inmates who disclosed they had experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, are to be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

An inmate known to have attempted to commit inmate-on-inmate sexual abuse, or an inmate known to have committed inmate-on-inmate sexual abuse is subject to a mental health evaluation by a qualified mental health professional. This evaluation will be attempted within 24 hours of the report of such sexual abuse or attempt and treatment will be offered as appropriate.

Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner and other staff, as necessary, to inform treatment plans and

security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law. Mental Health practitioners will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. All mandatory reporting laws for allegations of sexual abuse must be followed.

Informed consent if logged on an Informed Consent log.

Interview Result

- Interviews with medical and mental health staff indicated inmates reporting prior sexual victimization or prior perpetration would be seen by a mental health professional within 14 days of the initial screening.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Medical Staff
 - o Mental Health Staff
 - o Security Staff First Response -
 - o Non-Security Staff First Response -
 - o Inmates Who Reported Sexual Abuse @ Facility -

Inmates requiring a forensic medical exam are sent to an outside hospital to be examined by a Sexual Assault Nurse Examiner. The CONNSACS provide information as to the location of the nearest medical facility that has a Sexual Assault Nurse Examiner. Staff at the CRCI indicated inmate victims of sexual assault would be seen at either St. Francis Medical Center Hartford, or Mt. Sinai Hospital Hartford, CT.

Inmate victims are offered timely information about sexually transmitted infections prophylaxis as deemed appropriate by medical health care professionals.

The agreement states all emergency care is provided without cost to the inmate and is provided at no cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Lastly, the DOC and Correctional Managed Health Care have transitional counselors and discharge planners assigned to facilities around the state who develop medical and mental health care plans for inmates before they enter the community. This includes inmates who were sexually abused who need ongoing care in the community.

An interview with medical staff at the facility confirmed that in the event of a sexual assault their role would be to provide any first aid type treatment for any injuries needing immediate attention and that the inmate would be transported to a medical facility who had Sexual Assault Nurse Examiners on duty at the time. The healthcare staff who was interviewed stated that medical staff have a step by step process and protocols guiding them in the event an inmate has been sexually assaulted.

Administrative Directive, 8.1, Scope of Health Services Care, 4., Scope of Services and Access to Care, provides for inmate victims of sexual abuse to receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The Pre-Audit Questionnaire indicated there were no inmates who required emergency medical or mental health services as the result of a sexual assault. This was confirmed through interviews with the administrative staff and healthcare staff.

Interview Results:

- Non-Security staff that were interviewed as a First Responders describe the actions taken to an allegation of sexual abuse is to:
 - o Separate the alleged victim and abuser,
 - o Contact the supervisor,
 - o Preserve and protect the crime scene,
 - o Request that the alleged victim not to wash, brush teeth, change clothes or use the bathroom,
 - o Request the same for the alleged abuser.

- Interview with Security Staff indicated that as First Responders describe the actions taken to an allegation of sexual abuse is to:
 - o Separate the alleged victim and abuser,
 - o Contact the supervisor,
 - o Preserve and protect the crime scene,
 - o Request that the alleged victim not to wash, brush their teeth, change clothes or use the bathroom.
 - o Request the same for the alleged abuser.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- 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.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Medical Staff
 - o Mental Health Staff
 - o Inmates Who Reported Sexual Abuse @ Facility -

Administrative Directive 8.5, Mental Health Screening, Mental Health Services, require inmates indicating having experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, is to be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

An inmate known to have attempted to commit inmate-on-inmate sexual abuse, or an inmate known to have committed inmate-on-inmate sexual abuse is subject to a mental health evaluation by a qualified mental health professional. This evaluation will be attempted within 24 hours of the report of such sexual abuse or attempt and treatment will be offered as appropriate.

Inmate victims are offered timely information about sexually transmitted infections prophylaxis as deemed appropriate by medical health care professionals. This is normally offered and provided at the hospital. If, for some reason the inmate was not offered STI prophylaxis at the hospital the healthcare staff at the facility can provide it upon receiving orders from their physician.

Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law. Mental Health practitioners will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. All mandatory reporting laws for allegations of sexual abuse must be followed.

The agency has an agreement (MOU) with the Connecticut Sexual Assault Crisis Services to provide services to inmates who may have been the victims of sexual abuse. The agreement provides for the following:

1) CONNSACS will provide toll-free hotlines throughout Connecticut for use by potential victims of sexual assault. CTDOC will allow these numbers to be accessed through its inmate phone system at no cost, and will ensure that the CTDOC inmate population has access to the phone numbers.

A. Forensic Examination/Investigatory Process:

2) At the request of the inmate, CTDOC will notify CONNSACS that an inmate will be transported for forensic examination. At such time, CTDOC will provide the name of the inmate, hospital the inmate is being transported to and approximate time of arrival. CONNSACS staff will be on hand at the hospital to provide support to the inmate during the forensic examination and investigatory process.

C. Crisis Counseling:

3) At the request of the inmate and the discretion of CONNSACS, CONNSACS will provide crisis counseling sessions for inmates who identify as abuse/assault/trauma victims. Such services will be coordinated with the CTDOC facility PREA liaison to ensure timely entrance to the correctional facility and adequate, private space for such counseling.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 6.6 – Reporting of Incidents
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Warden/Designee -
 - o PREA Compliance Manager
 - o Incident Review Team Member -

Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 22., Review by Facility of Sexual Abuse Incidents, requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation when they received the Investigation Report. The review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team is required to consider and complete the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

The directive requires a report of findings to be prepared following the review and is submitted to the facility's unit administrator and the PREA Director. The facility will implement the recommendations for improvement or document the reasons for not doing so. This form has each of the questions required by the PREA Standards.

Interview Result

- Interviews with staff confirmed they are aware of the process and were able to articulate how they would conduct a review. Staff indicated the following are minimally the staff on the incident review team: Warden; Deputy Warden/PREA Compliance Manager; Counseling Supervisor; Medical, Education, Maintenance; and Intelligence.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails

Data collected is based on a standard set of definitions as described in the PREA Standards. Administrative Directive 6.12, Section 3, Definitions and Acronyms provide those definitions.

Administrative Directive, 6.12, Section 23, A. Reporting, requires documentation and reporting of sexual abuse/sexual harassment including internal reporting. Internal reporting requires all sexual abuse/sexual harassment is documented on CN 6601, Incident Report in compliance with Administrative Directive 6.6, Reporting of Incidents and included in the monthly STARS report. Each documented report is reviewed by the Facility PREA Compliance Manager and documented on CN 61203, PREA Incident Post-Investigation Facility Review. The STARS report list all reports of sexual abuse/sexual harassment including substantiated allegations, unsubstantiated allegations and unfounded allegation. The information described is made readily available to the public at least annually through the Department's website. The sexual abuse data collected must be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Research Unit – Average Confined Inmate Population and Legal Status
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency Head/Designee
 - o Agency PREA Coordinator
 - o PREA Compliance Manager

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23.C., Tracking, indicates the Department's PREA Investigation Unit will track all allegations of sexual abuse/sexual harassment to include investigation results and any actions taken by the Department, Connecticut State Policy and/or the courts. The Agency's PREA Coordinator will review the data collected and aggregated to assess and improve the effectiveness of the Department's prevention, detection and response policies, practices and training by identifying problem areas; recommending corrective actions on an ongoing basis; and preparing an annual report of the findings and corrective actions for each facility as well as the Department as whole. This report shall include a comparison of the current year's data and corrective actions with those from previous years and provide an assessment of the agency's progress in addressing sexual abuse. The report is available on the agency's website. Information that would present a safety and security threat if made public will be redacted from the report with an explanation as to the nature of the redacted information.

AD 6.12, External Reporting, requires that annually, sexual abuse/sexual harassment statistics will be provided to the US DOJ (Bureau of Justice Statistics). The annual report includes statistics in all the categories required by the PREA Standards. The annual report is forwarded to the US DOJ as required.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails

- Interviews:
 - o Agency Head
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

The Agency’s Records Retention Schedule, Series #26, PREA Investigations and Review Records, requires that PREA Information and Statistics are retained for the duration of incarceration of alleged abuser(s) plus five (5) years or 10 years after all litigation is resolved whichever is later.

AD 6.12, requires that the information described in this section will be made readily available to the public at least annually through the Department’s website. The sexual abuse data collected shall be retained for at least 10 years after the date of initial collection unless Federal, State or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Website
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Interview Results:

Interview with CDOC has indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was

published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Website
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Interview Results:

Interview with CDOC and a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Adam T. Barnett _____

July 21, 2018 _____

Auditor Signature

Date

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

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