

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

Interim Final

Date of Report 9/18/2019

Auditor Information

Name: Sonya Love Email: Sonya.love57@outlook.com

Company Name: Diversified Consultants Services

Mailing Address: P.O. Box 452 City, State, Zip: Blackshear, Georgia 3151

Telephone: (678) 200-3446 Date of Facility Visit: July 11-13, 2018

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Connecticut Department of Correction State of Connecticut

Physical Address: 24 Wolcott Hill Road City, State, Zip: Wethersfield, CT 06109

Mailing Address: 24 Wolcott Hill Road City, State, Zip: Wethersfield, CT 06109

Telephone: 860-692-7480 Is Agency accredited by any organization? Yes No

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: The Department of Correction shall strive to be a global leader in progressive correctional practices and partnered re-entry initiatives 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: <https://portal.ct.gov/DOC/Miscellaneous/PREA>

Agency Chief Executive Officer

Name: Scott Semple Title: Commissioner

Email: scott.semple@ct.gov Telephone: 860-692-7480

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 3

Facility Information

Name of Facility: Willard-Cybulski Correctional Institution			
Physical Address: 391 Shake Rd, Enfield CT 06082			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 860-763-6500/6501			
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 Willard-Cybulski Correctional Institution shall protect the public, protect staff and provide safe, secure and humane supervision of offenders in an appropriate care setting with opportunities that support successful community reintegration through a high standard of accountability and an expectation of responsibility on the part of the offender. Offenders are provided the scope and quality of medical, dental and mental health services that is consistent with generally accepted practices in the State of Connecticut; diverse programming and education, and a positive life path for developmental opportunities.			
Facility Website with PREA Information: https://portal.ct.gov/DOC/Facility/Willard-CI			

Warden/Superintendent

Name: John Tarascio	Title: Warden
Email: john.tarascio@ct.gov	Telephone: 860-763-6110

Facility PREA Compliance Manager

Name: Brian Bradway	Title: Deputy Warden
Email: brian.bradway@ct.gov	Telephone: 860-763-6512

Facility Health Service Administrator

Name: Brian Liebel	Title: Health Service Administrator
Email: liebel@uchc.edu	Telephone: 860-763-6580

Facility Characteristics			
Designated Facility Capacity: 1148		Current Population of Facility: 1148	
Number of inmates admitted to facility during the past 12 months			2286
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1783
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2156
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			14
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18 & Up	
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:			15.69
Facility security level/inmate custody levels:			2
Number of staff currently employed by the facility who may have contact with inmates:			240
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			1
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		10	
Number of Segregation Cells (Administrative and Disciplinary):		0	
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 Camera System			
Medical			
Type of Medical Facility:		Medical/Mental Health Level (3) Three	
Forensic sexual assault medical exams are conducted at:		UCONN Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			73
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			11

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.

Pre-Audit Preparation

Prior to the on-site visit, a representative from the State of Connecticut, Department of Corrections, PREA Director, conducted a "pre-audit" review of the facility to ensure PREA compliance. The PREA Director was extremely knowledgeable of PREA and serve as the agency liaison for the upcoming PREA audit at Willard-Cybulski Correctional Institution (WCCI). At the direction of the agency Commissioner of Corrections, the PREA Director and facility liaisons (PREA Compliance Manager and Facility PREA Liaison) were tasked with providing the auditor with all policies and supportive documentation for the auditor to review prior to the on-site visit. Policies and documentation were provided in the form of Administrative Directives (AD) and other forms/memos. Administrative Directives are agency-wide governing policies developed by the Connecticut Department of Corrections (CDOC) and Institution Supplements stipulate institution specific policies, in the event there is no agency-wide policy or site-specific policy required to expand on agency Administrative Directives.

During the Pre-Audit phase Willard-Cybulski Correctional Institution posted the required PREA Audit Notice of the upcoming audit scheduled for July 11-13, 2018. Diversified Consultants Services did not receive letters from any inmates assigned to WCCI. Informally, inmates were questioned regarding when WCCI posted the notice alerting inmate of the upcoming PREA audit. Inmates queried estimated the posting time frame between 6-8 weeks before the onsite audit.

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

The on-site visit for the PREA (Prison Rape Elimination Act) compliance audit of the Willard-Cybulski Correctional Institution (WCCI) located in Enfield, Connecticut, was conducted on July 11-13, 2018 by certified PREA auditor Sonya Love. A discussion took place outlining the audit sampling strategy, logistics for the facility tour, interview scheduling, the need for the review of additional policies and supplemental documents. This is the second PREA audit for this facility.

On arrival at the facility, an in-briefing meeting was held with the Warden, Deputy Warden/PREA Compliance Manager, Facility PREA Liaison, State of Connecticut, Department of Corrections, Statewide PREA Director and Statewide PREA Liaison Captain. The auditor discussed the information contained in the Pre-Audit Questionnaire (PAQ) with the PREA Compliance Manager and the Facility PREA Liaison (Captain), to discuss missing or incorrect information. The State of Connecticut, Commissioner of Corrections, State Contract Administrator for the Connecticut Department of Corrections, PREA Coordinator, PREA Investigator were previously interviewed telephonically. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility. The tour of the facility included the intake processing areas, all housing units, Health Services Departments, Recreation, Food Service, facility support areas, Education, Visiting Rooms and programming areas. During the tour, it was

noted that there was sufficient staffing and surveillance cameras to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units.

Informal and formal conversations with employees and inmates regarding their understanding of the PREA standards were conducted. During the tour, several staff members were informally asked the questions outlined in the First Responder interview packet; each staff person answered correctly. Informal conversations were excluded in the sample random or specialized staff totals and constitute outliers thus excluded from the data set.

Postings, regarding PREA violation reporting and the agency's zero tolerance policy toward sexual abuse and sexual harassment, were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. The auditor did not receive correspondence from any inmates. The standards used for this audit became effective August 20, 2012.

Noted deficiencies during the facility audit

Standard 115.13, the officers lounge, counselors and supervisors' offices were shielded by blinds, paper or a solid door covering all entrance and exits points. Each office was identified as a blind spot where staff or inmates may be isolated. The rear of the laundry was identified as a blind spot behind the supervisor's office and laundry equipment. Willard-Cybulski corrected the blind spot by placing a mirror in corner to eliminate the blind spot before submission of the final report. Solid doors into the counselor's offices were modified and glass inserts installed in the doors to eliminate blind spots where staff or inmates could be isolated. Willard-Cybulski eliminated these blind spots before submission of the final report.

In addition, during a tour of intake the auditor noted that a urinal in a holding cell was quite visible to the opposite gender (nonmedical) from several angles in the hallway. The cell was utilized as a custody holding during the intake process. The cell offered no privacy to inmates performing bodily functions. Willard-Cybulski eliminated the privacy issue before submission of the final report.

Sampling Methodology- Inmates

The inmate sample size was based on the population census on the first day of the audit of **747** inmates, along with the established census criteria outlined by the PREA Resource Center (PRC). Moreover, the sampling methodology was based on the inmate population size that ranged between 501 and 1000 on the first day of the audit. A total of 32 inmates were interviewed (targeted and random), to include four (4) Limited-English Proficient (LEP), (1) transgender, eleven (11) disabled. There were no inmates in the isolation or segregation because of High Risk of Sexual Victimization. Also, there were no inmates who self-identified as intersex inmates in the population. It should be noted that no inmates refused to participate in the sample of random and targeted inmate interviews. The inmates interviewed demonstrated a good understanding and knowledge of the Prison Rape Elimination Act (PREA) compliance and educational platform. If the services of a SANE nurse were required, the inmate would be transported to a local hospital for a forensic examination and treatment.

Staff Interviews-Second Day

A total of 10 random staff and 21 specialized staff were interviewed on day two. The administrative staff interviewed included staff such as the Warden, Deputy Warden/PREA Compliance Manager, Human Resource Manager (HRM), Facility Liaison, Captain, facility Nurse and the Health Services Administrator. Additionally, the auditor interviewed three volunteers (telephonically), one contract staff, a local Sexual Abuse Nurse Examiner (SANE) and a community victim advocate.

Investigations

A review of the eight (8) investigative files opened during the past 12 months, alleging sexual abuse or sexual harassment was conducted. During the current auditing period, there were a total of 8 reported allegations of sexual abuse/sexual harassment. Of the eight (8) cases reported, eight (8) were unfounded. The auditor examined inmate notification for each of the eight (8) investigations closed in 2017.

Facility Characteristics

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

The Willard-Cybulski Correctional Institution was formerly two separately managed facilities, the Willard Correctional Institution and the Cybulski Correctional Institution. The Willard Correctional Institution was opened on October 18, 1990 as a level 2 facility for sentenced male offenders. The Willard building is named in honor of William Willard who served as warden of the Connecticut State Prison in Wethersfield from 1854-1857 and from 1862-1870. The Cybulski Correctional Institution was opened on November 3, 1993 as a program intensive, male level 2 facility. The Cybulski building is named in honor of Alexander Cybulski who served as Deputy Warden of the Somers State Prison from 1962-1983. The two facilities were consolidated as one institution in 1997, Willard-Cybulski Correctional Institution, which enhanced facility management and fiscal responsibility.

In April 2015, the Cybulski Community Reintegration Center was opened in the Cybulski portion of the Willard-Cybulski Correctional Institution. The center is a new program initiative to the department and compliments the Governor's Second Chance Society concept. Within a safe, secure and humane environment, offenders participate in a meaningful program process that instills a high standard of accountability and an expectation of responsibility on the part of the offender. Privileges and awards are earned and any offender who fails to meet the set standards will engage in a process of corrective action. The Cybulski Community Reintegration Center is part of the department's mission to continue preparing offenders, toward release back into the community, by participation in programs and chosen pathways through the center. Pathways offer opportunities in recovery; education/vocational; family reunification; faith-based; community service; positive support network; health wellness; and Veterans. Within the counseling and programming services of this facility, offenders also have an opportunity to address, head on, the causes and issues that brought them into incarceration. In October 2015, a new Veterans' Services Unit was created at the center for eligible military veteran offenders and, in April 2016, a new DUI Unit for those eligible offenders was also created.

The Willard-Cybulski Correctional Institution and the Cybulski Community Reintegration Center protect the public and staff by providing a safe, secure and humane environment where offenders participate in a mandatory structured process that instills a high standard of accountability and an expectation of responsibility on the part of the offender. Privileges and awards are earned and any offender who fails to meet the set standards will engage in a process of corrective action. As part of its agency directed mandate to provide community service support, the facility has placed more than 150 inmates daily, in supervised community based public service projects and work details. They have provided maintenance, assisting with community events, renovations and painting to communities, the state and local non-profit agencies.

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.

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

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Number of Standards Met: 43

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Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

1. Standard 115.13 The entrance to the counselor’s offices (8) where staff counseled inmates were solid door entrance points. Each office was identified as a blind spot where staff or inmates maybe isolated. Willard-Cybulski corrected the blind spots by placing window inserts in the solid doors. The modification to the counselor’s office doors was completed before submission of the final report. Photos of the area support the completion of the corrective action.
2. Standard 115.15 A latrine located in a holding room inside intake was easily visible to nonmedical staff when utilized by inmates because it failed to provide inmates with privacy when on the toilet. The relevant portion of Standard 115.15 (d) states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothes without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances. The relevant portion of Standard 115.15 (d) states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothes without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances. WCCI corrected the privacy issue by frosting 3” of the bottom portion of the glass. The frosting of the glass to provide inmates with added privacy to avoid being viewed by opposite gender nonmedical staff was

completed before the submission of the final report. The auditor confirmed the corrective action by viewing photos of the changes to the holding room window.

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.

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19 meet the requirements of Standard 115.11. The directive affirms the State of Connecticut, Connecticut Department of Corrections and Willard-Cybulski Correctional Institution's commitment to maintaining a zero-tolerance policy of inmate sexual abuse/sexual harassment. All employees, inmates, contractors, volunteers, vendors and visitors shall be subject to this zero-tolerance policy. The agency indicates that violations of the policy shall result in administrative and/or criminal sanctions. The agency has appointed an agency-wide PREA Coordinator/Director of PREA Investigative Unit. The Warden appointed a Deputy Warden as the facility PREA Compliance Manager (PCM) in March 2015 and a Facility PREA Liaison as an assistant to the PREA Compliance Manager. The PCM reports directly to the Warden regarding all PREA related concerns. Interviews with the agency-wide PREA Coordinator/Director of PREA Investigative Unit confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. An interview with the Willard-Cybulski PCM confirmed that he has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the Prison Rape Eliminate Act (PREA).

All PREA related reading material is provided in two languages English and Spanish. Inmates are informed about zero-tolerance in the Admission and Orientation (A&O) Inmate Handbook, through educational pamphlets, PREA video and through wall postings displayed throughout the facility (observed during the tour). Additional interpretive services are available for inmates who do not speak or read English. The auditor also confirmed through interview with medical and mental health practitioner's other accommodations are also provided to disabled inmates on a case-by-case basis such as large print for the visually impaired. All interviews with staff (random and specialized), volunteers, contractors and inmates confirmed that each discipline was aware of the Zero-Tolerance Policy towards all forms of sexual abuse/harassment. The auditor found the Connecticut Department of Corrections and Willard-Cybulski Correctional Institution commitment to enforce PREA was evident by examination of the agency's mission, policies, zero-tolerance directive, and through interviews (random/specialized). Each random and specialized staff person interviewed could outline the approach taken to prevent all forms of sexual abuse and harassment and met the requirements of Standard 115.11.

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.

The agency meets the requirements of Standard 115.12. A review of contract documentation submitted confirmed that the agency requires entities contracted for the confinement of inmates (residential re-entry centers or half-way houses) to adopt and comply with the PREA standards. Willard-Cybulski met the requirement of Standard 115.12.

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.

State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 3 and 11, Section 4, Staffing Plan and Section 13, Staff Monitoring and Intervention (Sexual Abuse), directives confirmed by examination that Willard-Cybulski made its best efforts to comply on a regular basis with general correctional practices regarding the planning, placement and positioning of staff to provide adequate levels of supervision and monitoring and, where applicable, video monitoring, to protect inmates from sexual abuse. Willard-Cybulski addressed Standard 115.13.

WCCI developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The auditor reviewed WCCI's staffing plan for 2017. The auditor determined that all essential posts were filled on each shift. No essential posts were kept vacant for salary savings. Willard-Cybulski's entire physical plant (including "blind-spots" or areas where staff or inmates may be isolated) was considered during the meeting convened to address the facility's staffing plan. The staffing plan meeting was confirmed by review of the minutes from the meeting and the request for additional resources submitted to the PREA Coordinator. Moreover, the Warden during his interview explained that the staffing review committee considered factors such as the composition of the inmate population in calculating adequate staffing levels and determined the need for video monitoring, substantiated and unsubstantiated incidents of sexual abuse to gauge adequate staffing levels and to determine the need for additional video monitoring equipment. The Warden reviewed the recommendations from the committee and in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed at Willard-Cybulski. An interview with the agency PREA Coordinator confirmed that in the prior 12 months Willard-Cybulski staffing needs were reviewed and assessed. The PREA Coordinator confirmed that Willard-Cybulski's facility staffing needs were reviewed and documented if additional enhancements were needed to the current video monitoring systems and staffing levels.

The auditor confirmed staffing levels and supervision was assigned on each shift by reviewing post assignments and shift rosters. The auditor examined Post Plans approved by the PREA Coordinator on 6/27/17 with an effective date of July 14, 2017. The staffing documents confirmed that overtime is assigned by Willard-Cybulski Correctional Institution after designated Pull Posts and Shutdown Posts have been closed. Shutting down of a post triggered cessation of programming in a designated area. In addition, the auditor reviewed shutdown orders for weekends. During the onsite interview with the Facility PREA Liaison and the Warden, both confirmed zero deviations to the staffing plan occurred in 2017. The Facility PREA Liaison provided the auditor with samples of staffing plan deviations from 2016. The Warden provided the auditor examples of reasons why Willard-Cybulski would deviated from its staffing plan such as unscheduled sicknesses, in climate weather, worker's compensation, staff granted time off, staff swaps or vacant positions. The Warden explained what steps his facility would take in the event of insufficient staffing due to issues such as unscheduled medical appointments, illness, in climate weather, leave request or workman compensation. The Warden confirmed that in the prior 12 months there are no findings of inadequacy from any judicial, federal investigative agency, or internal/external oversight bodies.

Additional examination of documentation submitted for review included a sample of 20-unit logbook entries that confirmed the practice by intermediate to upper level supervisors of making unannounced rounds throughout the day, on evening and night shifts from between June 28, 2017 to July 2, 2018. Interviews with the Warden, PREA Compliance Manager and Facility PREA Liaison confirmed that WCCI makes it best effort to maintain adequate staffing levels and considers acceptable detention and correctional practices, mindful of blind spots and other physical aspects of the facility.

The entrance to the counselor's offices (8) where staff counseled inmates were solid door entrance points. Each office was identified as a blind spot where staff or inmates maybe isolated. Willard-Cybulski corrected the blind spots by placing window inserts in the solid doors. The modification to the counselor's office doors was completed before submission of the final report. Photos of the area support the completion of the corrective action.

Based on interviews conducted and a review of applicable policy and related documentation such as the facility staffing plan, documented unannounced rounds Willard-Cybulski met the compliance measures of Standard 115.13.

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.

Willard-Cybulski does not house youthful inmates. Willard-Cybulski met the requirements of Standard 115.14 during this review period.

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

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State of Connecticut, Connecticut Department of Corrections, Directive Number 6.7, Searches Conducted in Correctional Facilities, pages 1 -14, addresses the requirements of Standard 115.15. Willard-Cybulski is a

male facility with an overall rated capacity that exceeds 50 inmates. The facility does not typically permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. Connecticut Department of Corrections and Willard-Cybulski considers a circumstance to be exigent when a strip search is determined to be essential such as a medical emergency. The PREA Compliance Manager indicated during his interview that exigent circumstances must be reported on a CN 6601 (Incident Report). Willard-Cybulski Pre-Audit Questionnaire (PAQ) for this audit period indicated zero (0) cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. The Warden by way of memorandum confirmed zero (0) cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months thus zero CN6601 were examined to document incidents of cross-gender strip searches or cross-gender visual body cavity searches.

Interviews (random and specialized) with Willard-Cybulski staff confirmed that each understood how and under what circumstances cross-gender strip searches and cross-gender visual body cavity searches could be conducted. Interviews with staff also confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex, except in exigent circumstances. The examination of staff training records, review of the training curriculum (CPS 301-H: Behavior Management - Searching Techniques) and staff (random) interviews all confirmed that correctional officers have been trained on how to conduct cross-gender pat searches.

Staff (random and specialized) confirmed during interviews that they are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with randomly selected inmates confirmed that they had been pat-searched by officers of the same gender properly and professionally. Inmates (random and targeted) interviewed denied being searched to determine their genital status.

Willard-Cybulski has an announce policy and procedures requiring staff of the opposite sex to announce their presence or otherwise notify the inmates when entering an inmate housing unit. In addition, Willard-Cybulski has an intercom announcement that occurs routinely several times during a shift to augment the staff opposite gender announce policy. The announcement serves as a reminder to inmates that opposite gender staff work in the facility. Randomly interviewed inmates confirmed that female staff members announce their presence in this manner when entering a housing unit. Likewise, during the tour of the facility the auditor heard staff announcements before entering a living unit and the facility wide reminder to inmates that opposite gender staff routinely worked on the male living units.

A latrine located in a holding room inside intake was easily visible to nonmedical staff when utilized by inmates because it failed to provide inmates with privacy when on the toilet. The relevant portion of Standard 115.15 (d) states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothes without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances. The relevant portion of Standard 115.15 (d) states that the facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothes without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia except in exigent circumstances. WCCI corrected the privacy issue by frosting 3" of the bottom portion of the glass. The frosting of the glass to provide inmates with assed privacy to avoid being viewed by opposite gender nonmedical staff was completed before the submission of the final report. The auditor confirmed the corrective action by viewing photos of the changes to the holding room window. WCCI met the requirements of Standard 115.15.

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

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State of Connecticut, Connecticut Department of Corrections, Directive Number 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, page 7, Section 10, Inmate Education directive confirmed by examination of the policy that Willard-Cybulski has taken appropriate measures to safeguard that inmates with disabilities have equal access to and can benefit from Willard-Cybulski's effort to prevent, respond to and detect sexual abuse and harassment in the facility, addresses Standard 115.16. Willard-Cybulski has an administrative directive that replicates the agency's directive Number 6.12, Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention, Section 10, also titled Inmate Administrative Directive 6.12 also indicates that when the lesson plans or inmate learning platforms do not meet the needs of a disable inmate, WCCI will make reasonable learning accommodations in support of Administrative Directive 10.19, Americans with Disabilities. The auditor interviewed six (6) targeted LEP inmates each

confirmed that intake staff and counselors provided education and PREA related information in a language they understood (Spanish). The Inmates confirmed that staff utilized Spanish speaking staff to bridge communication gaps. During interviews the auditor also utilized bilingual staff to communicate with inmates during the interview process.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 use of inmate interpreters is typically prohibited. Use of inmate interpreters is prohibited except in exigent circumstances where a delay in obtaining an effective interpreter could jeopardize the safety or wellbeing of an involved individual in an incident or impose a delay that would significantly hinder the performance of an employee's duty to gather information, report and/or assist the alleged victim and properly document the incident. Administrative Directive 6.12 also requires staff, to take reasonable steps to aid inmates with disabilities and LEP to report such incidents. Examples of exigent circumstances provided during interviews with random and specialized staff include a natural disaster, riot or a medical emergency where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or well-being of any involved party. Delays which may significantly hinder the performance of an employee's duties of information gathering, reporting and/or assisting an alleged victim must be properly documented.

Moreover, WCCI has undertaken measures to ensure inmates who are disabled or who are limited English proficient have an opportunity to take part in and advantage of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Agency and WCCI directives and local operating procedures provide for interpretive services and means by which inmates who are disabled, who may have learning issues, or are hearing impaired or limited English proficient. Additionally, it requires, when a literacy problem exists, a staff member will assist the inmate in understanding the material. The auditor examined a roster of contractors who can provide sign language when necessary. The roster included the phone numbers and contact names of each contractor. Additionally, WCCI provided a roster of staff interpreters and the second language which they are bilingual. WCCI met the requirements of Standard 115.16.

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

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Administrative Directive, 6.12, addresses the requirements of Standard 115. 17. The directive requires that before WCCI hires new employees who may have contact with inmates, the Department of Correction 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 resident or detainee sexual abuse/harassment or any resignation pending an investigation of such allegations. The applicant is asked in written applications or interviews directly about whether they have been found to have engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care. Material omissions regarding such misconduct may be grounds for termination.

Connecticut Department of Correction, Administrative Directive 6.12, Section A-4,6 and 7b addresses the hiring process. At a minimum, when an applicant is an ex-inmate and/or has any criminal history, the selection process shall include the following guidelines:

1. an applicant with an undeclared criminal history shall not be considered;

2. an applicant with a single misdemeanor conviction shall not be considered for two (2) years from the date of the last disposition of the misdemeanor, or complete satisfaction of sanction whichever is later;
3. an applicant with a misdemeanor incarceration shall not be considered for three (3) years from the date of the last disposition or complete satisfaction of sanction whichever is later;
4. an applicant with multiple misdemeanor convictions shall not be considered for five (5) years from the date of the last disposition of the misdemeanor, or complete satisfaction of sanctions whichever is later;
5. an applicant with multiple misdemeanor incarcerations shall not be considered for seven (7) years from the date of the last disposition or complete satisfaction of sanctions whichever is later;
6. an applicant with a felony conviction shall not be considered for hire. Candidates hired with a felony conviction prior to October 18, 1995 may be considered for promotional positions;
7. an applicant who has any criminal history which may impair or disable the applicant's ability to effectively perform the functions of the job, shall not be considered;
8. an applicant who is known by the Connecticut Department of Correction to have previously engaged in sexual abuse and/or sexual harassment in an institutional setting shall not be considered for hiring.

Administrative Directive, D 2.3, Page 4, Section 6, I, 1-3 requires the following;

The Department of Correction shall not hire anyone who may have contact with inmates who is known to the Department of Correction to have:

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

The Administrative Directive addresses the continuing duty to disclose. Staff are also subject to the reporting requirements of Administrative Directive, 2.17 and Administrative Directive 2.24 with respect to arrests, restraining orders and criminal summons. The Department of Correction will also conduct a criminal background records check at least every five years of current employees.

WCCI is prohibited from enlisting the services of any contractor, vendor or volunteers who may have contact with inmates who is known to the Department of Corrections to have:

- a) engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care;
- b) been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse;
- c) was civilly or administrative adjudicated to have engaged in the activity described in this section;
- d) the DOC will consider any know incidents of sexual abuse/harassment in determining whether to enlist the services of any contractor, vendor, or volunteer who may have contact with inmates.

Before enlisting the services of any contractor, vendor or volunteer who may have contract with inmates, the DOC, will perform a criminal background check, which shall be repeated every five (5) years.

An interview with the agency PREA Coordinator confirmed a hiring process that is comprehensive and thorough. Applicants for custody positions can 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 are 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 Human Resource (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. The following are a part of the background check process: 1) Collection and verification of driver information; 2) developing a Connecticut master file for the new employee; developing a Connecticut suspense file for the employee; conducting an interstate criminal records check; conducting a Social Security number verification check; name check; and if necessary conducting an out of state criminal background records check. Following an offer of employment and prior to being hired, the three PREA Questions are asked yet again of the potential employee. A national criminal background check is conducted through the National Crime Information Center (NCIC) and checks are made to determine if an applicant is on any inmate's visiting or phone list. Reference checks are made going five years back. When an applicant has worked in another state agency, background checks are also made with those agencies. An offer letter of employment is made contingent upon a physical exam conducted at the academy. The PREA Coordinated also indicated that supplemental questions ask of employee at the academy about any arrests as well as reaffirming answers to PREA related questions. WCCI's PAQ indicated 1 employee hired by the facility during the past 12 months who may have contact with inmates. The auditor reviewed the employment documents and confirmed that the agency conducted a criminal background check prior to the employees first day of employment. In addition, the employment packets included the three PREA Questions and a notice that each employee has a continuing affirmative duty to disclose any criminal misconduct. The PAQ was confirmed during an interview with the Facility PREA Liaison (Captain) and the PREA Compliance Manager. WCCI met the requirements of Standard 115.17.

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*)

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Administrative Directive 6.12, Upgrades to Facilities and Technologies addresses Standard 115. 18. The directive requires the agency and WCCI when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department will consider the effect of the design, acquisition, expansion or modification of existing facilities, the Department effect upon the agency's ability to protect the inmates from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the Department will consider how such technology may enhance the Department's ability to protect inmates from sexual abuse.

Interviews with the PREA Compliance Manager/Warden's Designee indicated the Warden, the Facility PREA Liaison (Captain), Deputy Warden are all actively involved in any planning processes related to any expansions or modifications to this facility or regarding any enhancements to the surveillance technology. The PREA Compliance Manager indicated that the facility is due for an upgrade of surveillance equipment. During the onsite audit cabling was being laid to enhance electronic surveillance in the facility. The PREA Compliance Manager indicated that the current camera system is adequate, but any upgrades would enhance WCCI's ability to better protect staff and inmates from sexual abuse. WCCI met the requirements of Standard 115.18.

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

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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 within the Department of Correction and this directive addresses Standard 115.21.

The PREA Coordinator explained during his interview that WCCI through the Agency has a contact with the Connecticut State Police (CSP). The auditor examined the contract. The agency's PREA Investigative Unit would assist the appropriate law enforcement agency and conduct a separate internal investigation into the incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators (3) shall complete specialized training in accordance with Administrative Directive 1.10. The auditor examined certificates of completion. In the event the appropriate law enforcement agency refuses to investigate a sexual abuse allegation, such refusal shall be documented by WCCI on an Incident Report Form CN 6601 and the Warden immediately notified.

The PREA Coordinator/agency PREA Unit Director provided the auditor with a memo addressed to the Deputy Commissioner of the Connecticut State Police (CSP) notifying the Connecticut State Police of the PREA Standard's requirement for the evidence protocol and forensic medical exams. The memo advised the CSP of the requirements for a uniform evidence protocol maximizing the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The protocol is required to be developmentally appropriate for youth where applicable, and, as appropriate, adapted from or otherwise based on the most recent editions of the United States Department of Justice's Office on Violence Against Women's publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents or similarly comprehensive and authoritative protocols developed after 2011. The directive requires that inmate victims of sexual abuse 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. Administrative Directive 8.1, Scope of Health Services Care, 4., Scope of Services and Access to Care, requires WCCI to provide inmate victims of sexual abuse with 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. Interviews with specialized staff in medical and mental health confirmed their understanding of their role and responsibilities to provide the inmate with a level of care equal to that obtained in the community free of charge.

WCCI inmates of sexual abuse would be treated at the University of Connecticut (UCONN) Medical Center. All local hospitals have SAFE/SANE staff on each shift in the emergency room. If a SANE/SAFE practitioner is unavailable at the time of the incident, WCCI would transport the victim to another hospital in the state where a SAFE/SANE is on duty. Interviews with specialized staff in medical confirmed their understanding of the role they would play if a victim requires the services of a SANE/SAFE practitioner.

Administrative Directive 6.9, Section 7., Physical Evidence, indicates that physical evidence falls into two categories either criminal or administrative. If staff at WCCI suspect that a crime has been committed such as sexual abuse, the first responder shall notify a supervisor without leaving the scene, if possible and secure the suspected scene or any physical evidence unless it is necessary to eliminate any further or immediate threat to the safety and security of staff, inmates or facility/unit and/or the possible disappearance of anything which may be considered evidence. Interviews with random and specialized staff all confirm a duty to safeguard the victim and preserve the crime scene. The Connecticut State Police will promptly be notified. CSP has the legal authority over any criminal investigation and shall be responsible for securing criminal physical evidence upon responding to the facility/unit.

Administrative Directive 6.12, Section 13, B.4, advises staff to explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center or, if unavailable, a qualified staff member who will accompany the inmate and provide support services, if requested.

The Agency's Evidence Protocol is described in policy and requires the area of any attempted or actual sexual abuse to be treated as a possible crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. Steps for first responders are described in detail. The protocol addresses protecting the potential crime scene and collecting any evidence required. The protocol requires once the inmate has been removed from the area, care is to be taken not to disturb the suspected crime scene. Items are not to be cleansed or removed. Photos are to be taken of the suspected crime scene and any suspected evidence. Sketches and notes are to be made of the location if items were removed. The collection of physical evidence is to be conducted by the Connecticut State Police or in instances when authorized by the State Police, employees will collect, secure and store physical evidence. Step by step instructions are given in the description of the protocol.

The Agency has a Memorandum of Understanding (MOU) with Connecticut Sexual Assault Crises Services (CONNSACS). The agreement provides for CONNSACS to make available a victim advocate to accompany the victim and support them through the forensic medical exam, investigatory interviews and to provide emotional support, crisis intervention, information and referrals as needed. Specialized staff (medical and mental health practitioners) interviewed during the onsite audit confirmed that CONNSACS has a contractual agreement with the agency and by extension WCCI with victim advocacy services to accompany and support victims of sexual abuse through the forensic medical exam and investigatory interviews and to provide emotional support, crisis intervention, information and referrals as needed. The same specialized medical staff person related their role in a sexual assault would be triage the victim, provide any needed first aid requiring immediate medical attention, preserve any evidence and include mental health as a partner in the coordinated response to provide onsite emotional support to stabilize the victim until such time as CONNSACS accompanies the victim to the hospital. The PREA Coordinator, PREA Compliance Manager and the PREA Facility Liaison (Captain) each explained their respective roles in a coordinated response to an incident of sexual abuse. In addition, the PREA Coordinator, PREA Compliance Manager and the PREA Facility Liaison (Captain) each was explained in detail their understanding of WCCI and the agency's evidence protocol. WCCI met the requirements of Standard 115.21.

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.

Administrative Directive 1.10, Investigations, Paragraph 4, Criminal Investigations, requires that criminal investigations, to include allegations of sexual abuse, fall under the jurisdiction of the Connecticut State Police and requires that all administrative or criminal investigation to be completed for all allegations of sexual abuse and sexual harassment addresses Standard 115.22. The directive indicates that in the event of a crime to include sexual abuse/sexual harassment WCCI shall secure the crime scene in accordance with Administrative Directive 6.9, Control of Contraband and Physical Evidence. The PREA Coordinator indicated that he is the liaison between the agency and CSP. WCCI staff 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 agency with authorization from CSP. so. 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.

The PREA Coordinator confirmed that Administrative Directive 6.12, 8.A.5 required any incident of inmate-on-inmate sexual abuse, inmate-on-inmate sexual abuse or staff-on-inmate sexual abuse/misconduct be reported to the Connecticut State Police and the agency PREA Unit, Security Division for Investigation.

Further, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment requires that the Connecticut State Police to serve as the primary investigating authority for the Connecticut Department of Corrections in all incidents of sexual abuse. When inmates are being housed within the community confinement centers with which the agency has contractual agreements, the appropriate law enforcement (CSP) agency shall be the investigating authority. All such referrals to police shall be documented. The PREA Coordinator confirmed during his interview that he will 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 Coordinator or his designee from the PREA Unit shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10. The auditor examined the certification of course completion of specialized training for three (3) investigators.

Administrative Directive 6.6, Reporting of Incidents requires the agency and WCCI by extension to ensure that all incidents and emergencies are reported in a complete, accurate and timely manner. During the onsite interview with the Facility PREA Liaison (Captain) he explained that WCCI's policy notifications is required based on an allegation of sexual abuse/harassment incident.

The Connecticut Department of Corrections' website provides information to viewers related to investigation indicating:

All complaints of sexual abuse or sexual harassment are serious incidents that will be thoroughly investigated. The PREA Investigation Unit oversees 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. WCCI reported eight (8) allegations of sexual abuse/sexual harassment during the past twelve months. Of the eight (8) cases reported, eight (8) were unfounded. The auditor examined inmate notification for each of the eight (8) investigations closed in 2017. WCCI met the requirements for Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

Administrative Directive, 2.7, Training and Staff Development, 6. Pre-Service Training Program, Direct Contact Staff and Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Staff Training, Pre-Service Orientation Training addresses Standard 115.31. The directive requires newly hired staff with direct inmate contact shall receive training on inmate sexual abuse/sexual harassment prevention prior to being assigned to a facility. Staff shall be trained regarding the eleven PREA related topics such as:

- 1) The agency's zero-tolerance policy for inmate sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency inmate sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in a confinement setting;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with all inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates;
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- (11) Any concerns specific to the gender of the inmates at the employee's assigned facility.

WCCI provided the auditor a training curriculum for new employee's orientation. Day 6 is dedicated to PREA related training. The training block was designated for 1.5 hours of training. The agency requires that all training is documented to include PREA education through employee signature or electronic verification. The electronic verification affirms that each employee understood the training they have received.

The facility PREA Compliance Manager provided samples of PREA Acknowledgements and an additional 25 PREA Acknowledgments during the on-site audit signed by staff documenting and affirming they have received their required PREA Training.

Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 9., Staff Training, B., In-Service Training requires that staff with direct inmate contact shall receive refresher training on sexual abuse/ sexual harassment prevention, intervention and follow-up procedures annually. Administrative Directive 6.12, and Administrative Directive 2.7, Training and Staff Development require the training to be tailored to the gender (adult/male) of the inmates at WCCI so that the employee receives training specific to the gender he or she supervises, even if the employee has previously worked in a facility with inmates of a different gender. This directive requires additional training for investigators, health practitioners and mental health staff to receive additional training specific to their areas of responsibility.

Interviewed staff specialized and random consistently indicated related they receive PREA Training in a variety of ways. The training formats include PREA Training as part of the training provided for newly hired correctional officers at the academy. Additionally, all staff interviewed specialized and random confirmed receiving annual Inservice training in 2017 or 2018. Annual Inservice training was delivered using an electronic platform called Learning Management System (LMS) to include, on-line PREA training. Subsequent training is delivered to staff throughout the year during shift briefing or electronic memos. A total of 10 random staff and 21 specialized staff were interviewed during the onsite audit. All staff confirmed that they understood the agency's and WCCI's directive against zero tolerance against sexual abuse and harassment, and the eleven PREA related training topics such as how to avoid inappropriate relations with inmates, how to fulfill their responsibilities under agency inmate sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures as outlined in the standard. Twenty-five PREA Acknowledgment Statements were provided documenting staff PREA Training. WCCI met the requirements of Standard 115.31.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Administrative Directive 2.7, Training and Staff Development, Section 6.D, Volunteers/Contractors addresses Standard 115.32. The directive requires a newly assigned volunteer minimally to complete safety and security orientation training before providing volunteer services to inmates at WCCI.

The PREA Compliance manager indicated during the onsite interview that all contractors and volunteers who have contact with inmates must be trained on their responsibilities under the agency's sexual abuse prevention and intervention policy. The level and type of training provided to the volunteers, vendors and contractors is based on the services they each respective contractor or volunteer provides to WCCI and the degree of contact they have with inmates. All volunteers, vendors and contractors who have contact with inmates are required, by the WCCI directive, to be informed and notified of the agency's zero tolerance policy for inmate sexual abuse and sexual harassment and informed on how to report any incidents. The auditor interviewed four volunteers by telephone. Each of the four volunteers confirmed that they received training prior to having contact with WCCI inmates. The volunteers all confirmed they understood how and who to report any allegation of sexual abuse or harassment immediately to the shift supervisor.

WCCI PREA Facility Liaison (Captain) provided documentation of the training curriculum for contractors and volunteers. The said training is facilitated by the Director of Volunteer and Recreation Services. Training topics include such as the agency's and WCCI's mission statements, An overview of pertinent Administrative Directives; Volunteer Programs; Facility Security Procedures; Employee Conduct and PREA Standards and Compliance Requirements. Volunteers and contractors are made aware of Administrative Directive, 6.6, Reporting of Incidents. Volunteers are educated how to report any behavior or act of a sexual nature directed towards an inmate by any employee, contractor (Volunteer, Intern, and Processional Partners.

The agency volunteer coordinator is responsible to ensuring all volunteers are background cleared and given orientation training prior to service. Staff provided a roster, entitled, Connecticut Department of Correction, VIP and Recreation Services. 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, according to staff. 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 related handout which agency staff review verbally answer question and provide examples for clarification. During a telephonic interview a volunteer explained that she was provided information on how to detect, report, and respond to sexual abuse in her role as a volunteer and she watched a PREA video. At the end of the training this volunteer indicated that she signed a training acknowledge form. WCCI met the requirements of Standard 115. 32.

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

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State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6 addressed the requirement of this Standard 115.33.

During in-take, each inmate receives an Inmate Handbook, a pamphlet describing the agency's PREA compliance program and views a PREA video explaining sexual abuse and reasons to report abuse. The information provided to inmates during the intake process identifies key elements of the PREA information

initiative and informs inmates of WCCI's Zero-Tolerance Policy regarding sexual abuse and sexual assault and multiple ways to report sexual abuse/sexual harassment. The information also informs the inmates that both male and female employees routinely work in and monitor the housing units and they will announce themselves accordingly. The information is available to inmates in English and Spanish. A staff member conducts an education program regarding the PREA for all inmates within 30 days of their arrival at the facility. The educational program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities. Inmates also view a comprehensive orientation video that explains the facility's Zero-Tolerance Policy and covers the inmate's right to be free from sexual abuse, sexual harassment and retaliation. Staff interpreters and telephonic translation services are available to inmates who are not proficient in English. Inmates sampled during random interviews confirmed that they received PREA information and that they were aware of numerous reporting methods, to include: 1) Verbally to any facility staff; 2) In writing to any facility staff; 3) In writing to the appropriate Unit Administrator; 4) In writing to the appropriate District Administrator; 5) In writing to the PREA Investigative Unit; 6) In writing to the DOC Security Division; 7) Via phone to the Connecticut State Police; 8) Via phone to the DOC sexual abuse hotline; 9) Via phone to the Connecticut Sexual Assault Crisis Services Hotline. Mailing addresses and phone numbers, as applicable are provided for easy access in the inmate handbook. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common/program areas. Interviews with staff (random and specialized) and an examination of the documentation listed above confirm that the facility meets the requirements mandated in Standard 115.33.

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

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State of Connecticut, Connecticut Department of Corrections, Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14 and Investigations 1.10, Section 11, addressed the requirement of Standard 115.34. A review of CDOC and WCCI administrative directives confirmed a policy in place that requires PREA investigators to receive specialized investigative in techniques for interviewing sexual abuse victims. The auditor confirmed through a review of the training curriculum the inclusion of the proper use of Miranda and Garrity warnings, sexual abuse evidence collection of crime scenes in correctional setting and the evidence and criteria needed to substantiate an incident for criminal or administrative proceeding. Specialized investigative training was confirmed by reviewing signatures verifying participation in a specialized training program for three (3) agency PREA investigators. WCCI met the requirements of Standard 115.34.

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

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Administrative Directive 8.6, Credentials of Health Service Staff, Training of Health Services Staff addresses Standard 115.35. The directive requires all health services staff who have contact with inmates to be trained on their responsibilities under Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention also addresses Standard 115.35. The directive requires training to include: 1) The agency's and WCCI's zero tolerance policy regarding sexual abuse and sexual harassment; 2) detection and assessment of signs of alleged sexual abuse and/or sexual harassment; 3) The correct reporting of alleged sexual abuse and/or sexual harassment events; 4) Preservation of physical evidence of sexual abuse and 5) Effective and professional response to victims of alleged abuse and/or sexual harassment. The facility staff do not conduct forensic exams. Exams are conducted in hospitals (UCONN Medical Center) where Sexual Assault Nurse Examiners (SANE) are trained and on staff on every hospital shift. The specialized training for medical staff was developed for the UCONN Health Care agency. Medical staff working at WCCI are considered contract staff working for UCONN Health Care. Interviews with the Health Services Administrator and specialized staff interviewed during the onsite audit confirmed the specialized training received by medical staff. WCCI met the requirements of Standard 115.35.

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.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness, and subsection (b), After Intake into the Facility addresses Standard 115.41. The auditor confirmed WCCI has a directive in place that details screening inmates for risk of victimization and abusiveness to meet the requirement of Standard 115.41. Intake information is used to inform placement and programming decisions regarding housing assignments, possible medical/mental health treatment, program, work and education assignments. At WCCI screening is documented on the Intake Health Screening form (HR-001) and Inmate Intake Form (CN 9306). An examination of the screening instrument (PREA Screening Form, CN 9306) confirmed that WCCI included in the intake process the assessment of inmates for risk of victimization or abusiveness by reviewing factors such as the age of the inmate, prior victimization, inmate's self-perception as gay, bisexual, transgender, intersex or nongender conforming. The screening instrument used at WCCI also considered other factors, like civil immigration status, vulnerability, history of incarceration, and build of the inmate.

The auditor conducted interviews with staff such as (1) intake staff person, (1) staff performing the screening (counselor), (1) medical practitioner and (1) mental health practitioner to explain their role in the intake process. Interviews with medical and mental health practitioners during the onsite audit confirmed that these staff understood and could explain their roles in determining if inmates were vulnerable for risk of victimization or abusiveness. The auditor was informed that the top portion of the inmate screening form is completed in a private setting during the intake process by the intake officer.

The lower portion of the same intake form is completed by health care staff during an examination of the inmate. Likewise, the same staff confirmed during separate interviews their understanding that inmates could not be disciplined for refusing to answer or disclose questions victimization of history of abusiveness. Information received during the screening process is deemed confidential by WCCI and only available to staff with a need-to-know and never to other inmates. Further, a medical PREA Screening examines the inmate's physical build; disabilities (physical and mental); developmental disabilities; gender expression, gender self-identification, sexual identification, prior sexual victimization; prior sexual aggression and self-perceived vulnerability. If an inmate discloses prior victimization, he is referred to mental health for a follow-up.

The risk of sexual victimization instrument was used by the auditor to confirm that intake processing occurred within 72 hours of the inmate's initial arrival. Intake assessments and reassessments were examined for the targeted and random inmates participating in the audit. The auditor confirmed that initial assessments were completed on each of the random inmate participants within 72 hours. One (1) interview of targeted inmates included a transgender. The transgender inmate was quite vocal. She indicated that she felt safe and that immediately after her arrival she was interviewed by a member of mental health, medical practitioner and a counselor all within 72 hours. She acknowledged that she is a repeat offender and her preference was to remain at WCCI with familiar staff. During the tour the auditor noted that the transgender was assigned to a dormitory with a bed assignment up near the officer's station.

Connecticut Department of Correction, 9.3, Intake Admissions, Transfers and Discharges, Paragraph J., requires all inmates to be re-assessed by staff within 30 days for risk of sexual victimization or abusiveness based on any additional, relevant information obtained by the facility since the initial screening also addresses Standard 115.41. Subsequent reassessments are required to be made as circumstances warranted. The mental health practitioner interviewed indicated that within a time not to exceed 30 days from the inmate's arrival WCCI would reassess an inmate's risk of victimization or abusiveness based on relevant information received by WCCI since the intake screening such as disclosure of sexual victimization at another facility or an inmate's decision to disclose his gender identity. New relevant information could weigh on the inmate's sexual risk of sexual victimization, abusiveness or on the inmate's safety. Interviews with random and targeted audit inmate participants confirmed that each received an initial assessment within 72 hours of their arrival to WCCI and that the assessment included PREA related education and the issuance of an inmate handbook. All inmates were aware of multiple ways to report sexual abuse. During the facility tour the auditor sampled phone identified for inmates to reach outside advocacy assistance. All phones were working, and each phone allowed the auditor to contact the outside advocacy group identified on the posters found in each living unit. WCCI met the requirements of Standard 115.41.

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.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 9, Use of Screening Information and Transgender and Intersex Inmate, Section 11, page 9, addresses the requirements of Standard 115.42. Specialized interviews with the auditor conducted interviews with (1) intake staff person, (1) staff performing the screening (counselor), (1) medical practitioner and (1) mental health practitioner during the onsite audit confirmed that risk screening information is used to determine housing, bed assignment, work assignment, and education and program assignments. Determinations for various assignments are made on a case-by-case basis. WCCI determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis and careful consideration is given to all assignments. Assignment consideration includes whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months as confirmed by the PREA Compliance Manager and the Facility PREA Liaison Captain. Transgender and Intersex Inmate, Section 11, page 9, placement decisions are documented on the classification history form of the transgender or intersex inmate under review. WCCI's policy states that a transgender or intersex inmate's own view with respect to his own safety is given serious consideration when making these assignments. During the onsite tour the auditor did not observe a living unit dedicated to gay, bisexual, transgender or

intersex inmates. The interview with the PREA Compliance Manager, PREA Liaison Captain and intake officer confirmed that a transgender or intersex inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with staff, an examination of documentation/policy and the CDOC over-site by the PREA Coordinator/Director of PREA investigation Unit confirmed that WCCI follows the requirements mandated in Standard 115.42.

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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8, and After Intake to the Facility, Section 11, page 8-9, address the requirements in Standard 115.43. An examination of the policies confirmed that directives are in place that provide staff clear direction when faced with difficult housing challenges and there is no available alternative to keep a victim safe in the facility which dictate an immediate housing assessment but always within 24 hours. The auditor interviewed a Segregation Supervisor and confirmed his understanding of Standard 115.43, Protective Custody. In addition, specialized practitioners (medical, mental health and counselor) were also interviewed to confirm their understanding of their role in the event an inmate at high risk of victimization is placed in involuntary segregation. Each practitioner indicated that they understood that the

inmate would still have access to program unless other restrictions were applicable for the inmate. Restricted access according to the practitioners would require documentation according to Administrative Directive, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8 and Administrative Directive, 9.4, Restrictive Status, that would include the basic concern WCCI has for the victim's safety, an explanation of why other measures to separate the victim from the abuse were ineffective and a review of the inmates' placement status every 30 days.

During the audit review period there have been no incidents of inmates at high risk of victimization being placed in involuntary segregated housing for protective custody during the audit review period. WCCI staff interviews, review of documentation and inmate random and targeted interviews confirmed that WCCI met the requirement of Standard 115.43.

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.

Administrative Directive 6.12, Inmate Sexual Abuse and Sexual Harassment Prevention, Section 12, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment, A., Inmate Reporting addresses Standard 115.51. The directive requires the agency to provide inmates with multiple methods to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are provided multiple ways to report. These include: 1) Reporting to any staff member either verbally or in writing; 2) Calling the PREA Hotline; 3) Writing an inmate request; 4) Writing an anonymous note; 5) Calling the Connecticut State Police; and 6) Inmates detained solely for civil immigration purposes may contact any relevant consular and relevant officials at the US Department of Homeland Security. Staff provide contact information to such inmates upon request. Staff are required to take steps to aid inmates with disabilities and non-English speakers to report such incidents. This same directive also addresses false reports and indicates that inmates who file reports of sexual abuse and/or sexual harassment that are deemed to be false and unfounded after proper investigation may be subject to disciplinary action in accordance with Administrative Directive 9.5, Code of Penal Discipline and/or criminal charges according to applicable State laws.

Administrative Directive 6.12 also requires staff, to the extent necessary, to take steps to aid inmates with disabilities and non-English speakers to report such incidents. The use of inmate interpreters is typically prohibited except in exigent circumstances where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or well-being of any involved party. Delays that may significantly hinder the

performance of an employee's duties of information gathering reporting and/or assisting an alleged victim must be properly documented.

Administrative Directive 6.12, Section 13, Staff Monitoring and Intervention (Sexual Abuse), requires staff, volunteers, vendors and contractors are directed to treat any observation of sexual activity as potential sexual abuse and that all staff, vendors, volunteers and contractors report any instance of suspected, alleged, or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse or staff neglect or violation of responsibilities contributing to sexual abuse to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive 6.6, Reporting of Incidents.

Administrative Directive 6.12 requires staff to accept reports from individual outside the facility who may make reports by writing or calling the Commissioner, Deputy Commissioner, District Administrator of Unit Administrator of the facility where the incident allegedly occurred or by contacting the Agency PREA Coordinator. Connecticut Department of Corrections also provides reporting information on their website enabling anyone outside the facility to make a report on behalf of an inmate. Interviews with random staff confirmed their understanding of their duty to accept sexual abuse reports from any third-party, document the incident and advise the shift supervisor.

The reviewed inmate handbook included multiple ways for inmates to make a report of sexual abuse to include:

Connecticut State Police	Address and Hotline Number Provided
PREA Investigation Unit	Address provided
District Administrator	Address provided
DOC Security Division	Address provided
CONNSACS Advocacy	Address and hot line number provided.

Documentation was provided relative to the responsibilities of the PREA Hotline. Reports made on the hotline go to the DESPP Headquarters Communication Center. Upon receiving a Prison Rape Elimination Act (PREA) on the Department of Correction PREA hotline the following is required:

1. The Federal PREA guidelines indicate that the inmate can remain anonymous, but if the inmate is willing to identify themselves, attempt to gather the first and last name, inmate number, facility, & housing unit.
2. Have the inmate state his or her issue and document this information.
3. Once this information is gathered, contact the Department of Correction PREA Hotline at 770-743-7783, if the phone is not answered you can then contact PREA Director or his assistant (contact information provided). The Communication staff will then advise the Duty Officer of the telephone call and the information provided.
4. The PREA Duty Officer will then in turn contact the affected facility with the information and start the PREA protocol. The affected facility will then contact the Connecticut State Police in the affected area and advise them of the information. The affected State Police Barracks will determine if a Trooper shall respond.

The CDOC acknowledgment statement addresses again multiple ways to report. The WCCI Acknowledgment Statement informs inmates they have the right to report sexual abuse, sexual harassment, and retaliation, privately and through multiple channels without the threat of retaliation. Avenues for reporting including verbally or in writing to any staff member; writing an inmate request; calling the PREA Hotline; calling the Connecticut State Police; writing an anonymous note. Inmates are advised of how to access the PREA Sexual Assault Hotline and the Connecticut State Police Hotline Number. Third party reporting is explained and instructions for third parties to report are given. The contact information for the Connecticut Sexual Assault Crisis Services is provide as well. Twenty-six acknowledgement statements were provided for review.

All the interviewed inmates (random and targeted) related they would report primarily to a trusted staff person. They indicated they would probably seek out a Sergeant, Lieutenant or Captain. They also stated they could use the PREA Hotline, tell a family member or send a request. Interviewed staff named multiple ways inmates could report as well. WCCI Facility PREA Liaison (Captain) indicated that he would accept and report any suspicion or report regardless of how they came to receive the allegation. WCCI met the requirements of Standard 115.51.

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 file 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

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Administrative Directive 9.6, Inmate Administrative Remedies, Paragraph 18, Sexual Abuse Grievance, provides for reporting through a sexual abuse grievance that is treated differently from the normal grievance procedure addresses Standard 115.52. The directive provides for filing a grievance regarding allegations of sexual abuse. This is accomplished by completing and depositing form CN 9602, Inmate Administrative Remedy Form, in the Administrative Remedies box. WCCI places no time limitation for allegations of sexual abuse or requirement that an inmate attempt informal resolution prior to filing a sexual abuse grievance. However, WCCI will apply applicable time limits and requirements for informal resolution attempts continue to apply to any portion of a sexual abuse grievance that does not allege sexual abuse. A sexual abuse grievance will not be determined by any staff member who is the subject of any portion of the grievance that alleges sexual abuse.

The same directive allows third parties and outside advocates to assist inmates in filing requests for Sexual Abuse grievances and are permitted to file such grievances on behalf of inmates. If an inmate declines to have a Sexual Abuse Grievance filed on his or her behalf, the inmate's decision is to be documented. Paragraph 19, of Administrative Directive 9.6, Emergency Sexual Abuse Grievance, describes this grievance as a grievance alleging that an inmate is at substantial risk of sexual abuse that may be made by

filing and depositing CN9602, Inmate Administrative Remedies Form, in the Administrative Remedies Box. The grievance needs to be clearly distinguished, "Emergency Sexual Abuse Grievance". Any portion of that grievance alleging sexual abuse must be forwarded to a level of review at which immediate corrective action may be taken. An initial response is made within 48 hours or receipt and a final agency decision within five (5) calendar days. The response will state whether the inmate has been determined to be in substantial risk of imminent sexual abuse and the action taken will be documented.

The WCCI Pre-Audit Questionnaire (PAQ) document indicated that there were no grievances filed during the past twelve months alleging sexual abuse. This was also confirmed through interviews with the PREA Compliance Manager and the PREA Coordinator. WCCI met the requirements of Standard 115.52.

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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education addresses the requirements of Standard 115.53. The facility does not detainees solely for civil immigration purposes. CDOC and WCCI has entered into a service agreement with a local victim advocate organization (Connecticut Sexual Assault Crisis Services Sexual Assault Crisis Hotline) which is one of nine victim advocacy-based programs in Connecticut to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a representative from that agency). WCCI staff members, including medical and mental health treatment practitioners, have also received specialized training as victim advocates. Inmates are informed as part of their orientation intake process that all telephone calls, except properly placed legal calls, are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. PREA postings displayed in the housing units and common areas, and information provided to inmates in the inmate handbook provided access address and telephone numbers to victim advocacy agencies. Interviews with random and targeted inmate confirmed their understanding that there are multiple ways to report abuse to including the calling the Connecticut Sexual Assault Crisis Services Sexual Assault Crisis Hotline. WCCI met the requirements of Standard 115.53.

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*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9. addresses the requirements of Standard 115.54. WCCI encouraged third party reporting to the Connecticut Sexual Assault Crisis Services Sexual Assault Crisis Hotline (CONNSACS). The agency and WCCI has a standing MOU with CONNSACS to accept inmate calls and confidentially submit written allegations of calls by inmates reporting sexual abuse/sexual harassment to this entity. WCCI allows reasonable communication between inmates and victim advocacy organizations in as confidential a manner as possible. The website and posted notices (inside living units and visiting room) inform third party reporters how to report allegations of sexual abuse/sexual harassment. During the on-site audit, interviews with random staff and inmates confirmed that both had a sufficient understanding that anonymous and third-party reporting procedures are acceptable sexual abuse/sexual harassment reporting practices at WCCI. On-site audit interviews with random staff and targeted inmates confirmed the facility’s compliance with Standard 115.54.

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

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Administrative Directive 6.6, Reporting of Incidents addresses Standard 115.61, This directive describes the levels or classifications of violations. Class 1 Incidents include sexual abuse with immediate evidence that it occurred; Class 2, where there is sexual abuse however there is no immediate evidence that it occurred; and Class 3; sexual harassment. This policy described the required reporting procedures for each level of offense. Administrative Directive 6.12, requires staff, volunteers, vendors and contractors to treat any observations of sexual activity as potential sexual abuse and requires them to report any instance of

suspected, alleged or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse or staff neglect or violation of responsibilities contributing to sexual abuse to the shift supervisor as soon as practical and provide documentation in compliance with Administrative Directive, 6.6, Reporting of Incidents.

Staff are mandated reporters of PREA incidents as well as being required and mandated to report any neglect, retaliation or violation of responsibilities.

CDOC Policy is replete with reporting requirements. Administrative Directive 6.12, Third Party Reporting, for example, also requires staff to receive reports from third parties, which includes inmates not directly involved with an incident of sexual abuse. Staff are also required to accept and report any report or allegation from individuals outside of WCCI.

Further, Administrative Directive 6.12, Section 13. Staff Monitoring and Intervention, requiring staff, volunteers, vendors and contractors to treat any observation of sexual activity as potential sexual abuse. All staff, vendors, volunteers and contractors are required to report any instance of suspected, alleged or actual sexual abuse, retaliation against staff or inmates for reporting sexual abuse, or staff neglect or violation of responsibilities contributing to sexual abuse to a shift supervisor as soon as practical and provide documentation in accordance with Administrative Directive 6.6, Reporting of Incidents.

Administrative Directive 6.12, prohibits staff, apart from reporting to designated supervisors or officials, from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make safety and security management decisions.

Interviews with random and specialized staff confirmed that this agency and facility mandates that staff report suspicions, allegations, reports or other knowledge that an inmate has been the victim of sexual abuse or sexual harassment. Staff were able to name multiple ways inmates could report and how other could report for them. All random and specialized staff interviewed staff confirmed that they would accept reports of sexual abuse or sexual harassment from third-party sources and that they would report it to their immediate supervisor, the PREA Compliance Manager and the Facility PREA Liaison with a documented written report within prior to the end of the shift or work day. WCCI met the requirements of Standard 115.61.

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*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, addresses the requirements of Standard 115.62. WCCI random and specialized staff interviewed by the auditor confirmed they were all aware of their responsibilities when they become aware or suspect that an inmate is being or has been sexually abused or sexually harassed. Both random and specialized staff interviewed also indicated they would act immediately to protect the inmate by separating and protecting the victim from the abuser, isolating the area (as a potential crime scene to preserve evidence) where the act allegedly occurred and calling the shift supervisor for immediate assistance. When notified, the interviewed Shift Supervisor stated that he would further safeguard the victim, notify medical and mental health staff and advise his immediate supervisor, the PREA Compliance Manager and Facility PREA Liaison Captain of the incident. In the past 12 months, there were no instances in which the facility staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. Interviews with staff and an examination of documentation confirm WCCI's compliance with Standard 115.62.

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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10-11 and Administrative Directive 6.6, Reporting of Incidents address the requirements of Standard 115.63. WCCI directive requires the reporting of any PREA related allegation by an inmate that occurred at another facility. The Warden at the inmate's current facility is required to notify the Warden (or equivalent or designee) of the previous facility where the incident was to have occurred and an investigation is to be initiated. The notification process is said to take place as soon as possible, but always within 72 hours of receiving the allegation. During the past 12-month period, there was one inmate who alleged that he was sexually abused/sexually harassed at another facility. WCCI PREA Compliance Manager and Facility PREA Liaison Captain indicated that they would document the incident and notify the Warden and the PREA Coordinator/Director of PREA Investigation Unit. The Warden confirmed that he and each of his administrator understood the notification and documentation requirements outlined in Standard 115.63. WCCI met the requirements of Standard 115.63.

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*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 11, addresses the requirements of Standard 115.64. All staff (correctional, non-correctional, random and specialized) interviewed were knowledgeable concerning their responsibilities as a first responder and the required actions, when learning of an allegation of sexual abuse/sexual harassment. Medical's responsibilities are also covered in this policy.

The duty of a first responder is addressed in Administrative Directive 6.12, Section 13, A, B, and C. The directive indicates that if a staff member including medical staff suspects or an inmate or third party alleges that he/she or another inmate may have suffered from sexual abuse, the following actions are required:

1. Identify, separate and secure inmates involved, of necessary;
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering;
3. Notify a shift supervisor as soon as practical;
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate or change clothes until examined;
5. Promptly document the incident on CN 6601, Incident Report and forward to the shift supervisor;
6. Apart from reporting to a designated supervisor or official, staff are not to reveal any information related to a report of sexual abuse to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Supervisor actions are defined and thoroughly explained in Paragraph A., of the same directive and indicate the following:

1. Contact the facility duty officer and the Connecticut State Police as soon as practical;
2. Alert health services staff and escort the victim to the Health Services Unit for a private medical and mental health assessment as soon as possible;
3. Take appropriate steps to ensure that the victim is not left alone;
4. Explain to the victim that there is help available to cope with the situation and attempt to provide the alleged victim a victim advocate from a rape crisis center who will accompany the inmate through the forensic exam and any other investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the inmate;
5. Provide the inmates with mailing addresses and phone numbers, including toll free numbers, where available, of local or State advocacy or rape crisis organizations and for inmates detained solely for civil immigration purposes;
6. Offer and plan for the victim to speak with the facility's religious services representative;
7. Ensure timely access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment;

Complete all reports in accordance with Administrative Directive 6.6, Reporting of Incidents;

8. Obtain written statements from the alleged victim to include with the Incident Report;
9. Where possible attempt to video the interview of the alleged victim unless the inmate refuses;
10. Complete the Incident Report Checklist; and
11. Forward the reports through the appropriate chain of command for review and follow-up investigation.

Moreover, all staff (correctional, non-correctional, random and specialized) interviewed, during the on-site audit, indicated they would separate the inmates, secure the area as a physical crime scene, not allow inmates to destroy any physical evidence and contact the shift supervisor. The shift supervisor is required by directive (Administrative Directive 6.12, Section 13 (B), page 11), to protect the inmate, notify medical, mental health, executive staff and designated officials. Within the last year, there were eight (8) allegations that an inmate was sexually abuse and of those eight (8) incidents security staff responded to the report and separated the victim from the abuser according to the incident reports sampled. Notification of reported sexual abuse by the victims was not in a time frame to allow for the collection of physical evidence requiring staff to act as a first responder to an allegation of sexual abuse/sexual harassment (security staff only). Interviews with staff and an examination of documentation confirmed that WCCI met the compliance requirements of Standard 115.64.

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*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention address the requirements of Standard 115.65. WCCI developed a written administrative directive that outlined a plan to coordinate a facility response to a PREA related report. The auditor reviewed the written institutional plan. The plan provided direction to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. Shift supervisor are required to complete a PREA Checklist as documentation of their response to allegations of sexual abuse/sexual harassment. The directive provides direction to security, medical/mental health practitioners, investigators, staff and community victim advocates, community service providers (SANE) and facility leadership. Staff (specialized and random) and service providers interviewed confirmed that they were knowledgeable regarding their responsibilities in the event of a coordinated response. Additionally, an examination of documentation supports WCCI's compliance to Standard 115.65.

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

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Interviews with the PREA Compliance Manager and Warden both confirmed that there is nothing in any contract that prevents the administration from removing any staff who is alleged to or has violated any agency policy related to sexual abuse or sexual harassment, pending an investigation. Pending an investigation, staff alleged to have been involved would most likely be placed on a form of administrative leave while an investigation was being conducted. Employees determined to have violated agency sexual abuse policies would be sanctioned in a compliance with applicable personnel rules and termination for sexual abuse would be the presumptive action taken in those cases. WCCI met the requirements of Standard 115.66.

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*)

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Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation addresses the requirements of Standard 115.67. WCCI by administrative directive confirmed CDOC's intent to protect an inmate or staff person from retaliation. CDOC and WCCI prohibit any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Captain is the designated retaliation monitor. During the on-site audit, the Captain confirmed that he would document and follow-up on all potential cases of retaliation to ensure CDOC and WCCI's administrative directive was being enforced. In addition, the Captain indicated that he would conduct frequent periodic status checks on the inmate or staff member, monitor incident reports, housing reassignments and negative performance reviews/staff job reassignments. Moreover, if there was a concern that there was a potential for possible retaliation, the Captain indicated he would monitor the situation for at least 90 days or indefinitely and notify the PREA Unit. There have been no suspected or actual incidents of retaliation in the previous 12 months. Facility compliance with Standard 115.67 was determined by a review of policy and staff interviews (random and specialized), to include the WCCI PREA designated Retaliation Monitor.

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*)

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8, and After Intake to the Facility, Section 11, page 8-9, address the requirements in Standard 115.43 and 115.68. An examination of the policies confirmed that directives are in place that provide staff clear direction when faced with difficult housing challenges and there is no available alternative to keep a victim safe in the facility which dictate an immediate housing assessment but always within 24 hours. The auditor interviewed a Segregation Supervisor and confirmed his understanding of Standard 115.43, Protective Custody. In addition, specialized practitioners (medical, mental health and case managers) were also interviewed to confirm their understanding of their role in the event an inmate at high risk of victimization is placed in involuntary segregation. Each practitioner indicated that they understood that the inmate would still have access to program unless other restrictions were applicable for the inmate. Restricted access according to the practitioners would require documentation according to Administrative Directive, Screening for Risk of Victimization and Abusiveness, Section 11, page 7-8 and Administrative Directive, 9.4, Restrictive Status, that would include the basic concern WCCI has for the victim’s safety, an explanation of why other measures to separate the victim from the abuse were ineffective and a review of the inmate’s placement status every 30 days. There were zero inmates placed in post-allegation protective custody status within the last twelve months. WCCI’s compliance with this standard was determined by a review of policy during the onsite audit, examination of segregation documentation on site, staff interviews with the PREA Compliance Manager, Facility PREA Liaison Captain, staff assigned to work in segregated housing to determine WCCI’s level of compliance during the audit period. In addition, random inmate interviews confirm compliance with Standard 115.43 and 115.68. WCCI met the requirements of Standard 115.68.

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*)

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Connecticut Department of Correction Administrative Directive 1.10 addresses Standard 115.71. This directive requires the CDOC to review and investigate significant incidents and/or allegations of acts as appropriate. Administrative Directive 6.12, Investigation of Sexual Abuse/Sexual Harassment also addresses Standard 115.71. The Connecticut State Police to serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. The Department's PREA Investigation Unit will assist that appropriate law enforcement agency as needed and shall conduct a separate internal investigation into an incident in accordance with Administrative Directive 1.10, Investigations. The PREA Investigation Unit of designee serves as the primary investigating authority for all incidents of sexual harassment. The PREA Coordinator confirmed that his investigative unit is responsible for conducting

Administrative Directive 1.10, Investigations describes the entire investigation process and includes General Principles, Initial Inquiries and Administrative Investigations, Conduct of Investigations, Reporting of Incidents, Interviewing Summary, Evidence, Report Format and Closure also address Standard 115. 71. It describes the roles of the Security Division Investigations. The Security Division Investigators may be called in on any case but are especially involved in cases or allegations involving staff. They will conduct an investigation in tandem with the Connecticut State Police when the allegations appear criminal in nature, with the Security Division providing support to the law enforcement as requested and their investigation will center around the administrative issues involving staff.

The CDOC has a PREA Investigation Unit. These investigators (3) have also had specialized training in conducting sexual abuse investigations in confinement settings. PREA Investigations will, at a minimum, according to Policy 1.10, review direct and circumstantial evidence, interview all alleged victims, suspected perpetrators and any relevant witnesses, review prior complaints and reports of sexual abuse involving the suspected perpetrator. The PREA Unit investigations will also include an effort to determine whether staff actions or failures to act contributed to sexual abuse; shall be documented in reports that include a description of the physical and testimonial evidence the reasoning behind credibility assessments and investigative facts and findings. When the evidence supports criminal prosecution, the Connecticut State Police will be notified. If the State Police determine that no criminal aspect exist, the PREA Unit may conduct compelled interviews only after consulting with the Office of the State's Attorney as to whether compelled interviews would be an obstacle to subsequent criminal prosecution. Directive requires, and investigative processes include assessing the credibility of an alleged victim, suspect or witness be the assessment is on an individual basis and not determined by the individual's status as inmate or staff. The use of polygraph is prohibited. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. Policy also requires that the departure of the alleged abuser or victim from employment of the control of the Department will not provide the basis for terminating an investigation. Paragraph B of the directive requires that the standard used to substantiate an allegation of sexual abuse is the preponderance of the evidence. Paragraph H., requires the PREA Unit to retain all investigation reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five years; or, as long as required by State records retention policies; or, as required by a litigation hold notice, whichever is longer.

The PAQ indicated that there were no allegations appearing to be criminal in nature that were referred for prosecution during the past twelve months. This was confirmed, as well, through interviews with the PREA Compliance Manager and the PREA Coordinator during interviews. The PREA Unit Investigator indicated if a call is made via the hotline the facility would receive a call from the PREA Unit. The auditor during a tour of the facility made a call on the internal hotline and left a message. Immediately after hanging up the call the call from the hotline was returned. WCCI's role after receiving information from the internal hotline would be to collect information and after consultation with the PREA Unit, decide how to proceed. Random staff interviewed 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. The PREA Unit Investigators may decide that a staff harassment case can be handled by the facility 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. WCCI met the requirements of Standard 115.71.

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

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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 is more probably true than not addresses Standard 115.72. The directive indicates that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded. The auditor interviewed the PREA Coordinator who confirmed that preponderance of evidence is the standard of measure use to gauge truth and lead investigators to a conclusion of fact. The PREA Coordinator is one of three investigators dedicated full time to PREA related incidents. WCCI met the requirements of Standard 115.72.

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

115.73 (d)

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

115.73 (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

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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.

Administrative Directive, 6.12, Paragraph 21. Disciplinary Sanctions, A. Staff Discipline, references Administrative Directive 2.6, Employee Discipline and 2.17, Employee Conduct addresses Standard 115.76. The directive indicates that staff shall be subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and/or harassment policies. The directive also states 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.

AD 2.6, Employee Discipline, Paragraph 18, Offenses Normally Resulting in Dismissal identifies several offenses related to sexual abuse and inappropriate or undue familiarity with an inmate who is in the jurisdiction of the Department for which dismissal is normally the sanction.

There have been no allegations during the past twelve months. The Pre-Audit Questionnaire and interviews with staff indicated there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies; none disciplined short of termination for violations of any sexual abuse or sexual harassment policies; and no staff who were reported to law enforcement or licensing boards following termination or resignation for violating any agency sexual abuse or sexual harassment policies.

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. WCCI met the requirements of Standard 115.76.

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

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Administrative Directive 6.12, Paragraph 21, Disciplinary Sanctions, Corrective Action for Contractors, Vendors and Volunteers addresses Standard 115.77. This directive identifies disciplinary sanctions for contractors, vendors and volunteers who engage in sexual abuse. The directive indicated that contractors, volunteers or vendors would 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.

The PAQ indicated zero incidents of violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months. The auditor confirmed with the PREA Compliance Manager and the PREA Coordinator that in the past twelve month zero violations of agency sexual abuse policies by any contractor or volunteer. WCCI met the requirements of Standard 115.77.

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.

State of Connecticut, Connecticut Department of Corrections, Administrative Directive, 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16 and Administrative Directive, 9.5 Code of Penal Discipline combined address the requirements of Standard 115.78. For example, the Code of Penal Discipline states, "inmates shall be subject to disciplinary sanctions in accordance with Administrative Directive 9.5 Code of Penal Discipline if an investigation finds that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits." The excerpt from CDOC's directive directly links to the requirements set down in Standard 115.78. Random interviews with correctional staff during the onsite audit confirmed their understanding of Standard 115.78 and likewise CDOC's administrative directives mentioned above. Further, specialized interviews with mid-level correctional managers (shift supervisors) confirmed for this auditor that WCCI has a disciplinary process in practice and policy in place to respond to prohibited sexual activity between inmates. The same policies also state, 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 outcomes. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. WCCI sanctions are 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 as explained by the WCCI Facility PREA Liaison Captain. The PREA Investigative Unit Director, confirmed that CDOC nor WCCI does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation and the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, WCCI considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. A memorandum from the PREA Investigative Unit Director indicates there was no disciplinary action taken against inmates, during the audit period, for violating WCCI's sexual abuse or sexual harassment policies and the Pre-Audit Questionnaire (PAQ) supports his statement. Compliance with Standard 115.78 was determined by a review of the WCCI and CDOC directives, staff interviews and documentation from PREA Investigative Unit Director. WCCI met the requirements of Standard 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 8.5 Mental Health Services, page 1-6, a review of the screening instrument, addresses the requirement of Standard 115.81. Interviews with medical/mental health practitioners confirmed WCCI has a practice and policy to evaluate and screen all newly admitted, inter facility transferred inmates remanded back from Parole/Halfway Houses/Community Release, and jail inmates upon admission to the facility. When deemed appropriate by mental health referral an evaluation will be conducted by a mental health practitioner within 24 hours of the referral. The directive also gives specific guidance for inmates having experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting in the community. Administrative guidance by way of directive allows WCCI staff to offer a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

Interviews with an intake staff person, medical and mental health practitioners also confirmed that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. WCCI does not house youthful offenders.

Inmate random interviews (100%) confirmed being screened for victimization and abusiveness during the intake process. The same inmates also confirmed that intake screening took place either the same day or the next day. The PREA Investigative Unit Director confirmed that CDOC and WCCI follows all mandatory Federal, State, or local reporting laws for allegations of sexual abuse. WCCI met the requirements of Standard 115.81.

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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, titled Medical Staff Action, page 12-13 address the requirements of Standard 115.82. Likewise, CDOC and through extension WCCI has a MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) and the CPS to provide offenders with timely unimpeded emergency medical treatment and confidential victim advocacy and emotional support services related to sexual victimization. WCCI is a male facility therefore emergency contraception for pregnancy would not be applicable for this facility, however a SANE nurse practitioner verified that inmates would be offered sexually transmitted infection prophylaxis in keeping with community standards of care at no cost to the inmate. Care of a victim is not contingent upon whether the victim names the abuser or cooperates with the incident investigation.

WCCI medical and mental health practitioners confirmed during specialized interviews that they conduct a mental health evaluation of all known inmate on inmate abusers within sixty days (60) of learning of such abuse history and offers appropriate treatment as deemed necessary by the clinicians. There were zero allegations of sexual abuse that required referral for forensic evidence collection by SANE in the past 12 months. This information was also confirmed with the PREA Coordinator/Director of the PREA Investigation Unit.

Facility compliance with this standard was determined by a review of policy, relevant documentation and an interview with a Sexual Abuse Nurse Examiner, a community victim advocate and specialized medical and mental health staff. WCCI met the requirements of Standard 115.82.

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

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State of Connecticut, Connecticut Department of Corrections, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, titled Medical Staff Action, page 12-13 address the requirements of Standard 115.82 and 115.83. Likewise, WCCI has a MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) and the CPS to provide offenders with timely unimpeded emergency medical treatment and confidential victim advocacy and emotional support services related to sexual victimization. WCCI is a male facility therefore emergency contraception would not be applicable for this facility, however a SANE nurse practitioner verified that inmates would be offered sexually transmitted infection prophylaxis in keeping with community standards of care at no cost to the inmate. Care of a victim is not contingent upon whether the victim names the abuser or cooperates with the incident investigation.

As confirmed by a review of the applicable directive, WCCI offers 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. WCCI inmates are also re-evaluated inmates within 30 days of admission to the facility. The evaluation and treatment of such victims includes follow-up services. The medical practitioner interviewed confirmed that WCCI would arrange for referrals for continued care following their transfer to or placement in other facilities or while in custody. The medical practitioner confirmed to the auditor that WCCI is staffed to provide timely access to medical and mental health services and offers sexual abuse/sexual harassment victims with medical and mental health services consistent with the standard of care available in the community. WCCI's medical and mental health practitioners also confirmed during specialized interviews that they would make their best effort to conduct a mental health evaluation of all known inmate on inmate abusers within sixty days (60) of learning of such abuse history and offers appropriate treatment as deemed necessary by the clinicians. Best efforts would be document in the inmates institutional file. There were zero allegations of sexual abuse that required referral for forensic evidence collection by SANE in the past 12 months. This information was also confirmed with the PREA Coordinator/Director of the PREA Investigation Unit. WCCI compliance with this standard was determined by a review of policy directives, review of the Connecticut Sexual Assault Crises Services MOU, interviews with specialized staff (medical and mental health), an interview with a Sexual Abuse Nurse Examiner, and the PREA Coordinator/Director of the PREA Investigation Unit. WCCI's meet the requirement of Standard 115.83.

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.

Administrative Directive, 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 22., Review by Facility of Sexual Abuse Incidents addresses Standard 115.86. This directive requires WCCI to conduct a sexual abuse incident review at the end 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. 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) Asses 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

Further, the same directive requires a report of findings to be prepared following the review and is submitted to the WCCI's facility administrator and the agency PREA Coordinator/ PREA Unit Director. WCCI is directed to 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.

WCCI reported on the PAQ that they have not had any allegations or investigations requiring an incident review. The PAQ indicated there have been no criminal or administrative investigations of alleged sexual abuse completed at the facility, excluding (8) unfounded incidents during the past twelve months. However, interviews with the Facility PREA Liaison Captain and the PREA Compliance Manager both staffs confirmed they are aware of the process and were able to articulate how they would conduct a review. The PREA Compliance Manager indicated that the following are minimally the staff on the incident review team; Deputy Warded/PREA Compliance Manager; Counseling Supervisor; Medical, Education to include input from line staff. This team meets every Monday and Friday to review any form of incident, including any PREA related incidents. WCCI met the requirement of Standard 115.86.

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.

Administrative Directive, 6.12, Section 23, A. Reporting addresses the requirement of Standard 115.87. The directive 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 Warden and 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. WCCI met the requirements of Standard 115.87.

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.

Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 23.C., Tracking addresses Standard 115.88. The directive specifies the agency's PREA Investigation Unit to track all allegations of sexual abuse/sexual harassment this include investigative findings and any administrative or prosecutable decisions taken by the agency, Connecticut State Directives and/or the courts. The agency's PREA Coordinator has the responsibility to review the data collected and aggregated to assess and improve the effectiveness of the agency's prevention, detection and response policies, practices and training by identifying problem areas to include making recommendation for any corrective actions, preparing an annual report of the findings and monitoring corrective actions for the agency. The 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 CDOC 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.

Administrative Directive 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. WCCI met the requirements of Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CDOC's Records Retention Schedule, Series #26, PREA Investigations and Review Records directive addresses Standard 115.89. The directive requires PREA Information and related statistics to be retained for the duration of incarceration of alleged abuser(s) plus an additional five (5) years or 10 years after any all litigation is resolved whichever is later.

Administrative Directive 6.12 also address Standard 115.89. This directive requires that the information described in this section will be made readily available to the public at least annually through the CDOC's website. CDOC Administrative Directive 6.12 dictates that 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.

Further, Administrative Directive 6.12, also dictates that the information described in this section will be made readily available to the public at least annually through the CDOC'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. WCCI met the requirements of Standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is the second PREA audit for WCCI. The date of the last agency PREA review was June 8 2015. The auditor was allowed access to all areas of the facility and had access to all required support documentation. WCCI also allowed the auditor to conduct private interviews with both inmates and staff. WCCI met the requirements of Standard 115.401.

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.

WCCI has fully implemented all policies, practices and procedures outlined in the PREA standards. The Auditor reviewed applicable standards and, through the review of support documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency has posted all audit reports on its website within ninety days of completion. The public has access to reporting mechanisms and PREA trends data via the CDOC website. WCCI currently meets all applicable standards and no additional corrective actions required. WCCI met the requirements of Standard 115.403.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Sonya Love _____

9/26/2018 _____

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.