

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: September 25, 2017

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| Auditor Information | | | |
| Auditor name: Adam Barnett (Diversified Correctional Services, LLC) | | | |
| Address: P.O. Box 20381 | | | |
| Email: Adam30906@gmail.com | | | |
| Telephone number: 706-550-7978 | | | |
| Date of facility visit: August 15, 2017 | | | |
| Facility Information | | | |
| Facility name: New Haven Community Correctional Center | | | |
| Facility physical address: 245 Whalley Avenue, New Haven CT 06511 | | | |
| Facility mailing address: <i>(if different from above)</i> same | | | |
| Facility telephone number: 203-9744111 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Prison | <input type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Jose Feliciano | | | |
| Number of staff assigned to the facility in the last 12 months: Click here to enter text. | | | |
| Designed facility capacity: 771 | | | |
| Current population of facility: 677 | | | |
| Facility security levels/inmate custody levels: Level 4 High | | | |
| Age range of the population: Click here to enter text. | | | |
| Name of PREA Compliance Manager: James Reilly | | Title: Deputy Warden | |
| Email address: James.Reilly@ct.gov | | Telephone number: 203-974-4102 | |
| Agency Information | | | |
| Name of agency: Connecticut Department of Correction | | | |
| Governing authority or parent agency: <i>(if applicable)</i> State of Connecticut | | | |
| Physical address: 24 Wolcott Hill Road, Wethersfield, Connecticut 06109 | | | |
| Mailing address: <i>(if different from above)</i> same | | | |
| Telephone number: 860-692-7480 | | | |
| Agency Chief Executive Officer | | | |
| Name: Scott Semple | | Title: Commissioner | |
| Email address: Scott.Semple@ct.gov | | Telephone number: 860-692-7480 | |
| Agency-Wide PREA Coordinator | | | |
| Name: David McNeil | | Title: PREA Director | |
| Email address: David.McNeil@ct.gov | | Telephone number: 203-250-8136 | |

AUDIT FINDINGS

NARRATIVE

Methodology

The PREA Audit was conducted at the State of Connecticut, Department of Correction facility, New Haven Community Correctional Center (NHCCC), New Haven, Connecticut on August 15, 2017.

On Tuesday, August 15, 2017 the entrance conference was held and attended by:

- Deputy Warden
- Agency PREA Coordinator
- Facility PREA Compliance Manager
- Captain
- Lead Auditor
- Associate Auditor

Welcomes were given by the Deputy Warden and Facility PREA Compliance Managers. The Lead Auditor and Associate Auditor were introduced and the PREA Audit Agenda was reviewed and discussed. Additional pre-audit information requested weeks prior to on-site visit obtained.

Pre-Audit:

During the Pre-Audit period the facility received the instructions to Post the Required PREA Audit Notice of the upcoming audit sixty days prior to the audit for confidential communications. As of August 11, 2017, there were no communications from inmates or staff. The Pre-Audit Questionnaire was completed and sent to the auditor as required. The PREA compliance Manager confirmed that all information on the Pre-Audit Questionnaire is accurate.

The audit process was a team approach. The Audit Team completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the flash drive, to include both the Agency and the Facility policy and procedures, Agency Mission Statement, Daily population report and schematic/layout for the facility. The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted and emails exchanged with the facility.

On-Site:

The Audit Team consists of Adam T. Barnett, Sr. Certified Juvenile and Adult PREA Auditor and Robert Lanier, Certified Juvenile and Adult PREA Auditor and President of Diversified Correctional Services. Auditor Barnett conducted the facility tour, additional documentation review and interview inmates. Auditor Lanier conducted specialized staff and random staff interviews.

Tour:

On the first day of the audit after the entrance conference, the lead Auditor toured the physical plant escorted by the PREA Compliance Manager, Captain and Agency PREA Coordinator. The Auditor spoke informally with inmates and staff during the tour which covered Intake, reception, screening area, housing units, segregated housing, Medical, Mental Health, Recreation, cafeteria, programming areas, education areas, etc.

During the tour of the physical plant, the Auditor observed the location of cameras, staff supervision of inmates, dorm layout including sleeping rooms and shower/toilet areas, placement of posters and PREA informational resources, security monitoring, inmate's movement procedures, and inmate's interaction with staff. The Auditor noted that shower and toilet areas allow inmates to shower ensuring their privacy from staff direct viewing mid-section. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

Observations

- Notices of the PREA audit were posted throughout the facility as required by the Auditor.
- The holding cells provide privacy for inmates to toilet.
- Segregated Cells
- The inmates files are kept in the Administrative area, no line level security staff have access.
- PREA information is posted and is available in Non-English and English to include reporting information.
- The cameras do not have a line of sight into cells and the toilet.
- Staff of the opposite gender announce their present when enter living units.
- There are private rooms where inmates can be seen by medical and mental health care staff.
- There were several blind spots, however, the facility eliminate them by repositioning officers.
- There are no youthful offenders.
- There were no new or renovated areas observed.

Staff Interviews:

The random samples of staff were selected, and specialized staff was identified. Agency and Facility staff selected for interviews included:

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| Overall Number of Staff Interviews | 39 |
| Number of Specialized Staff and Leadership Interviews | 24 |
| Number of Random Staff Interviews | 15 |

Breakdown of Staff Interviews:

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|--|---|
| Agency Head or Designee (Previously) | 1 |
| Agency PREA Coordinator | 1 |
| Warden/Facility Director/ Superintendent or Designee | 1 |
| Facility PREA Compliance Manager | 1 |
| Agency Contract Administrator (Previously) | 1 |
| Intermediate or Higher Level Facility Staff Responsible for Unannounced Rounds | 1 |
| Medical Staff | 1 |
| Mental Health Staff | 1 |
| Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches | 1 |
| Human Resources Staff (State HR Director Previously/ Assistant State HR Previously and On site HR) | 3 |
| Volunteers Who have Contact with Inmates (2 to 4) | 1 |
| Contractors Who have Contact with Inmates (2 to 4) | 1 |
| Investigative Staff (Agency Level 2 to 4) | 1 |
| Staff who Perform Screening for Risk of Victimization and Abusiveness | 2 |
| Staff on the Sexual Abuse Incident Review Team | 2 |
| Designated Staff Member Charged with Monitoring Retaliation | 1 |
| First Responder (Non-Security) | 1 |
| First Responder (Security) | 1 |
| Intake Staff | 2 |
| 1 st Shift Random Staff (Minimum of 4) | 6 |
| 2 nd Shift Random Staff (Minimum of 4) | 6 |
| 3 rd Shift Random Staff (Minimum of 4) | 3 |

Inmate Interviews:

On August 15, 2017 facility rated capacity total 771. The number of inmate population during the first day of the audit total 677.

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|---------------------------------------|----|
| Overall Number of Inmates | 56 |
| Number of Random Inmate Interviews | 21 |
| Number of Targeted Inmates Interviews | 4 |
| Inmate Question During Tour | 13 |

Note: One (1) inmate submitted Confidential Correspondence that was included in the total number of inmate count.

Breakdown of Inmate Interviews:

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|--|----|
| Inmates who Identify as Lesbian, Gay, or Bisexual | 2 |
| Disability | 1 |
| Inmates Who Reported Sexual Abuse or Sexual Harassment | 2 |
| Inmates who are Randomly Selected from each Living Units | 21 |
| Inmates Met during Facility Tour | 13 |

Sample documentation requested:

- Inmate Roster
- Youthful Inmate Roster
- Inmates with Disabilities
- LGBTI Inmates
- Inmates in Segregated Housing
- Inmates in Isolation
- Inmates who Reported Sexual Abuse
- Inmates who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Contractors who have contact with Inmates
- Volunteers who have contact with Inmates
- Grievances made in the 12 months preceding the audit
- Incident reports from the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit

The auditor document inmate selection and interview time on the "On-Site PREA Audit Agenda/Interview Schedule. Prior to or during the entrance conference, the auditor schedules all interviews and documents the time and the auditor conducting the interview.

DESCRIPTION OF FACILITY CHARACTERISTICS

It is the mission of the State of Connecticut Department of Corrections (Directive Number 1.1) to:

“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”.

It is the mission of the New Haven Community Correctional Center to:

“The New Haven Community Correctional Center shall strive to be a progressive leader working with our community partners to support rehabilitative initiatives and encourage responsible behaviors with our population. We will partner with external law enforcement agencies to share resources resulting in safer community and correctional facility. Safety and Security will always be the priority as it pertains to the Public, staff, and offenders.”

Facility Background, Physical Plant and Security Supervision:

The New Haven Correctional Center houses primarily pretrial offenders and services the superior courts in Meriden, New Haven, Bantam, Litchfield and Waterbury. It is a level 4 high-security facility.

The New Haven Correctional Center was opened on April 27, 1976 situated on 4.9 acres which is comprised of a main building, two dormitory units and an outside detail unit.

Facility Demographics:

- Number of Males Housed = 677
- Number of Youthful Inmates Housed = 0
- Custody/Security Level in the facility = Level 4 / High
- General Medical Services = On-site
- Mental Health Services = On-site

Programs:

The Mental Health Department offers a variety of programs for offenders who are experiencing stress and depression, including emotional literacy, community groups and psycho-education.

The Education Department has instituted a program designed to identify non-English speaking offenders upon admission for referral to educators who specialize in teaching English to speakers of other languages.

SUMMARY OF AUDIT FINDINGS

The Auditor conducted an exit conference with the agency and facility officials. Facility officials and staff were very open and receptive to an honest discussion of areas where PREA compliance needs to be strengthened and the facility PREA compliance Manager began corrective action on each provision immediately.

Summarized description of the corrective action plan, Recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditors to reassess compliance.

Minor corrective actions were discussed and corrected.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 15 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the Department of Justice Final Rule Prisons and Jail PREA Standards published in May 17, 2012. Forty-three (43) Prisons and Jail Standards were audited.

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

If there were corrective actions specific detail about deficiencies and corrective actions regarding these findings would appear in the standard-by-standard discussions in the main body of the report. The facility completed minor concerns within the 45 days before the auditor release the primary report will be reviewed as corrected as results will be note with each standard.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction, Administrative Directive 6.12: Title – Inmate Sexual Assault/Sexual Harassment Prevention and Intervention
- CDOC - Brooklyn Correctional Institution Webpage
- CDOC PREA Webpage
- Monthly and Annual Reports (8-8-2014) Directive Number 1.6: The following managers shall be designated as Division Administrators/ Agency PREA Coordinator-Director page #2
- Agency PREA Coordinator
- Agency Organizational Chart
- Designated Facility PREA Compliance Manager
- Facility Organizational Chart
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

Connecticut Department of Correction published the agency Policy/Administrative Directive 6.12, Inmate Sexual Assault/Sexual Harassment Prevention and Intervention that mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlined the agency's approach to prevent, detect, and response to sexual abuse and sexual harassment. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

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

After the new Federal PREA standards were passed, CDOC was quick to appoint a Department level PREA Coordinator. Although Connecticut was already practicing many of the required standards, it was important to complete a gap analysis to identify areas that needed revision to comply with the PREA standards. Once this analysis was completed, a strategic plan was developed to guide the agency's compliance efforts. Directive 1.6, documents the designation of the PREA Director as a Division Administrator. The effective date of the designation was August 8, 2014.

The Deputy Warden is designated as the Facility PREA Compliance Manager for New Haven Community Correctional Center (NHCCC). An interview indicated that the Deputy Warden has a great deal of correctional experience and

sufficient time and authority to coordinate the facility's effort to comply with the PREA Standards.

Corrective Action: No

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC – New Haven Community Correctional Center (NHCCC) Webpage
- CDOC PREA Webpage
- Letter/Email: Contracts for the Confinement of Inmates
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

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

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

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

Corrective Action: No

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Supporting Documents, Interviews and Observations

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

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

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

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

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

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

Per a review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews, the average daily number of inmates on which the staffing plan was predicated was 803.

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

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

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

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

- Since the last PREA audit the average daily number of inmates reported was 803.
- Since the last PREA audit the average daily number of inmates on which the staffing plan was predicated reported was 803.

Corrective Action: No

Standard 115.14 Youthful inmates

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

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

Supporting Documents, Interviews and Observations:

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

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

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

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

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

Corrective Action: No

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Supporting Documents, Interviews and Observations:

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

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

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

NHCC rated capacity is 771, which exceed the 50 inmate rule. This provision does not apply.

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

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

During the on sit audit visit the facility housed transgender and intersex inmates. CDOC policy directs staff not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, the facility determine during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

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

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

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

Interview Results:

- Eighteen out of twenty-one inmates interviewed stated that female staffs announce their presence when entering the housing unit.
- Twenty-one out of twenty-one inmates interviewed from all housing units stated that they and other inmates are never naked in full view of staff, when using the toilet, showering, or changing clothing.

Corrective Action: No

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

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 4/06/2015
- Inmate Orientation (Informing the Inmate Population of PREA)
- CDOC Administrative Directive: 10.12 – Inmate Orientation
- American Sign Language Interpreting Services (9 Vendors)
- Inmate Handbook (English)
- Inmate Handbook (Spanish)
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Random Officers
 - o Random Inmates
 - o Disabled Inmates

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

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

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

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

The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. Interviewed staff consistently stated they would not allow, except in emergency situations, an inmate to translate or interpret for another inmate in making an allegation of sexual abuse. They indicated that they can contact the staff who speak Spanish if the need arise.

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

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

Corrective Action: No

Standard 115.17 Hiring and promotion decisions

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

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Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC - NHCCC Correctional Institution Webpage
- Collect Background Report for Vendors/Contractors
- CDOC Policy 10.4 – Volunteer and Recreation Services
- Five Year Background Schedule
- Background Checks (Employee, Contractor and Vendor)
- CDOC Administrative Directive 2.3 – Employee Selection, Transfer and Promotion
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - Agency PREA Coordinator
 - Human Resource Staff

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

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

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

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

CDOC requires the agency to conducts criminal background records checks every five years of current employees and contractors who have contact with inmates according to staff interviews.

CDOC asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. CDOC also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.

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

Interview Results:

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

Following are a part of the background check process:

1. Driver Information;
2. Connecticut Master File;
3. Connecticut Suspense File;

4. Interstate Check;
5. DOC SS Check;
6. Name Check;
7. Out of State Checks as necessary.

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

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

Corrective Action: No

Standard 115.18 Upgrades to facilities and technologies

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

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

Supporting Documents, Interviews and Observations:

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

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

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

Interview Results:

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

the surveillance technology.

Corrective Action: No

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC – Administrative Directive 8.1 Scope of Health Services Care
- Letter from PREA Investigation Unit Director to Chief of Staff/ Office of the Deputy Commissioner (September 2, 2014)
- CDOC - Correctional Institution Webpage
- CDOC Policy 1.10 – Investigations
- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC PREA Webpage
- MOU between Connecticut Department of Correction and Connecticut Sexual Assault Crisis Services, Inc.
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Inmates Reported Sexual Abuse

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

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

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

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. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

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

The protocol is appropriate, and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The facility does not house Youth/Adolescents. Victims of sexual assault

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

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

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

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

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

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

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

Interview Results:

- Interviewed staff, including the facility investigator, was familiar with the evidence protocol and roles they would play as first responders. Medical staff related their role in sexual assault would be to provide any first aid that might be needed because of injuring immediate medical attention. The staff stated they would "make sure the inmate victim was stable", preserve the evidence and if, the mental health is on site, the mental health staff would conduct an assessment.

Corrective Action: No

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC - NHCCC Correctional Institution Webpage
- CDOC Policy 1.10 – Investigations
- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence
- CDOC Policy 6.6 – Reporting of Incidents
- Interviews:
 - o Agency Head
 - o Agency PREA Coordinator
 - o Random Officers
 - o Investigator

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

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

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

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

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

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

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

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

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

Interview Results:

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

Corrective Action: No

Standard 115.31 Employee training

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Audit Report

- Administrative Directive, 2.7, Training and Staff Development, 6. Pre-Service Training Program, Direct Contact Staff
- Administrative Directive, 2.7, Training and Staff Development
- Training Module HREL 408A
- CDOC - Correctional Institution Webpage
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Random Officers
 - o Staff

The Facility has trained staff that has contact with inmates on the eleven (11) requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service and other additional training and include all requirements.

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

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

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

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

- o In the past 12 months, the number of staff employed by the facility, who may have contact with inmates, who were trained on the PREA requirements reported was 92.
- o In the past 12 months, the number of staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements since the last audit reported was 10.

Interview Results:

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

Corrective Action: No

Standard 115.32 Volunteer and contractor training

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

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

Supporting Documents, Interviews and Observations

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC - NHCCC Correctional Institution Webpage
- Volunteers, Interns and Professional Partners Handbook
- Maloney Center for Training and Staff Development Lesson Plan
- Employee Roster
- Volunteer & Recreation Services Collect Background Report
- Application Form for VIP's – Volunteers, Interns & Professional Partners
- Connecticut Department of Correction PREA Training
- VIPs In Correction PREA Training Acknowledgement Statement
- CDOC Policy 10.4 – Volunteer and Recreation Services
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Volunteer
 - o Contractor

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

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

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

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

Interview Results:

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

Corrective Action: No

Standard 115.33 Inmate education

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC - NHCCC Correctional Institution Webpage
- CDOC Policy 9.6 – Inmate Administrative Remedies
- CDOC Policy 9.7 – Offender Management
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC Policy 10.13 – Offender Programs
- CDOC Policy 10.2 – Inmate Education
- Posters
- PREA Video
- What You Need to Know
- Inmate Handbook English
- Inmate Handbook Spanish
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Intake Staff
 - o Random Inmates

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

- Sexual Abuse Definitions
- Reporting

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

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

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

Inmate interviews confirmed that the facility provides inmate education in formats accessible to all inmates, including limited English proficient, deaf, visually impaired, disabled, as well as to inmates who have limited reading skills. Staff and inmate interviews reveal that the facility provides the PREA Education in English and Spanish, to include inmate handbooks and posters

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

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

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

- The number of inmates admitted during past 12 months who were given this information at intake reported was 2062.

Interview Results:

- Interviews with staff who conduct intake and a counseling supervisor indicated that at intake the inmate is given a handbook, sees a PREA Video and signs an acknowledgement statement confirming receiving the PREA information and that he understands it.
- Several interviewed intake staff related that during orientation the inmate sees the PREA Video and is given the opportunity to ask questions and signs as acknowledgment that they have received PREA information.
- Nineteen out of twenty-one inmates interviewed stated when they first came to NHCCC they did receive information regarding facility rules against sexual abuse and harassment.
- Twenty-one inmates were interviewed using the following statement, when you came to NHCCC, were you told about:
 - You're right to not be sexually abused or sexually harassed, nineteen out of twenty answer yes and one stated that he were not told or cannot remember.
 - How to report sexual abuse or sexual harassment, twenty-one out of twenty-one answer yes, they were told.

- Your right not to be punished for reporting sexual abuse or sexual harassment, sixteen out of twenty-one answer yes, they were told.

Corrective Action: No

Standard 115.34 Specialized training: Investigations

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- PREA Investigation Training/ PREA Investigation Unit October 13, 2015
- CDOC Policy 1.10 – Investigations
- CDOC Policy 6.9 – Collection and Retention of Contraband and Physical Evidence
- Staff Transcript Summary
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - Agency PREA Coordinator
 - Investigator

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

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

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

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

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

Interview Results:

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

Corrective Action: No

Standard 115.35 Specialized training: Medical and mental health care

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Directive Number 2.7 – Training and Staff Development
- Administrative Directive 8.6, Credentials of Health Service Staff, Training of Health Services Staff
- NIC PREA Medical Care for Sexual Assault Victims in a Confinement Setting Course
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Medical Staff
 - o Mental Health Staff

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

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

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

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

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

Interview Results:

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

Corrective Action: No

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Supporting Documents, Interviews and Observations:

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

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

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

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

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

Interviews and documentation reviewed indicated that the Mental Health staff reassesses the inmate’s risk level for sexual

victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the inmate is identified at risk for victimization or for being at risk for being sexually abusive.

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

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

Interview Results:

- Following the intake victimization screening, interview with a counselor, the next morning a counselor in the housing unit retrieves the completed inmate Intake Form and reviews the inmate's responses to the questions asked during intake. She also related that she then reviews the inmate database and master file and answer the questions at the bottom of the screening from after reviewing information in the inmate's data base where information is available related to the inmate's charges, sentence, criminal history and disciplinary reports and other information.
- A counseling supervisor indicated screening is conducted in a separate room and again, if an inmate answers yes to any questions during the initial intake assessment, a supervisor is called to interview the inmate regarding his feelings of safety to determine the safest place to house him or if the inmate cannot stay on this compound.
- Interview with the Counseling staff indicated they would conduct a reassessment, using the Inmate Intake Form, to conduct a reassessment within 30 days following the initial vulnerability screening. Counseling staff indicated the reassessment include reviewing the inmate history, looking for any charges or anything that has happened previously, review any separation files and any PREA related issues.
- Twenty-one inmates were ask, when you first came to NHCCC, do you remember whether you were asked any questions like:
 - o Whether you been in jail or prison before, twenty-one out of twenty-one answer yes.
 - o Whether you have ever been sexually abused, twenty-one out of twenty-one answer yes.
 - o Whether you identify with being gay, lesbian, or bisexual, twenty-one out of twenty-one answer yes.
 - o Whether you think you might be in danger of sexual abuse at NHCCC, sixteen out of twenty-one answer yes, the others answer no or they could not remember.

Corrective Action: No

Standard 115.42 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- University of Connecticut Health Center / Transfer Summary
- PREA Screening Form
- Inmate Intake Screening Form
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Inmates
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o LGBTI Populations Inmates

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

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

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

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

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

Interview Results:

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

Corrective Action: No

Standard 115.43 Protective custody

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

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

Supporting Documents, Interviews and Observations:

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

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

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

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

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

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

- o The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment reported was zero.
- o The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement reported was zero.
- o From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include both (a) a statement of the basis for facility’s concern for the inmate’s safety, and (b) the reason or reasons why alternative means of separation could not be arranged reported was zero.

Interview Results:

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

Corrective Action: No

Standard 115.51 Inmate reporting

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

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

Supporting Documents, Interviews and Observations:

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

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

- Grievance System
- Tell the Case Manager
- Chaplain
- Reporting to any staff member either verbally or in writing

- Department of Correction PREA Hotline
- Connecticut State Police Hotline and Address Provided
- District Administrator Address
- DOC Security Division Address
- CONNSACS Advocacy Address and Hot Line Number Provided
- Writing an inmate request
- Writing an anonymous note
- Calling the CSP Hotline

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

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

Interview Results:

- An interview with the Facility PREA Compliance Manager indicated that NHCCC is tasked with the obligation to house adult male criminal inmates. The facility does not detain inmates solely for civil immigration purposes. However, if they receive an inmate solely for civil immigration purposes the facility will provide the inmate with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
- Interviewed inmates were asked, how would you report any sexual abuse or sexual harassment that happened to you or someone else? Twenty-one out of twenty-one inmates stated several ways they would report, including telling a staff, using the hotline, passing a note, or filing a grievance.

Corrective Action: No

Standard 115.52 Exhaustion of administrative remedies

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 9.6 – Inmate Administrative Remedies

- CDOC Policy 6.6 – Reporting of Incidents
- CDOC Policy 10.13 – Offender Programs
- CDOC Policy 10.2 – Inmate Education
- Inmate Handbook
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Inmates Reported Sexual Abuse

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

Time limits and informal grievances:

1. The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate can submit a grievance any time regardless of when the incident is alleged to have occurred.
2. According to staff interviews, the facility does not require an inmate to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

According to Staff Interviews, the facility ensures that:

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

Filing Grievance:

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

Third Parties:

1. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmate in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of inmate.
2. If a third party files a request on behalf of an inmate, the facility will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

Emergency Grievances:

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

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

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

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

Corrective Action: No

Standard 115.53 Inmate access to outside confidential support services

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- Connecticut Sexual Assault Crisis Services (CONN-SACS)
- PREA Investigation Unit Hotline
- PREA Director's Office Contact
- DESPP Headquarters Communication Center
- Posters – Break the Silence (Spanish and English)
- Inmate Handbook (English)

- Inmate Handbook (Spanish)
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator
 - o Random Inmates
 - o Inmates Reported Sexual Abuse

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

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

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

Interview Results:

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

Corrective Action: No

Standard 115.54 Third-party reporting

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

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

Supporting Documents, Interviews and Observations:

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

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

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

Corrective Action: No

Standard 115.61 Staff and agency reporting duties

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

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

Supporting Documents, Interviews and Observations:

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

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

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

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

Corrective Action: No

Standard 115.62 Agency protection duties

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

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

Supporting Documents, Interviews and Observations:

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

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

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

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

Corrective Action: No

Standard 115.63 Reporting to other confinement facilities

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

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

Supporting Documents, Interviews and Observations:

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

NHCCC has received allegation that an inmate was sexually abused while confined at another facility. Per staff interviews, the facility notified the head of the facility or appropriate office of the agency where the alleged abuse occurred.

The facility provided a process that they used when an inmate alleged sexual assault or sexual harassment at another facility.

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

Corrective Action: No

Standard 115.64 Staff first responder duties

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

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

Supporting Documents, Interviews and Observations:

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

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

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

Corrective Action: No

Standard 115.65 Coordinated response

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

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

Supporting Documents, Interviews and Observations:

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

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

Corrective Action: No

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

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

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

Supporting Documents, Interviews and Observations:

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

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

Corrective Action: No

Standard 115.67 Agency protection against retaliation

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

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

Supporting Documents, Interviews and Observations:

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

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

The facility has several protection and reporting measures, for inmates. They can utilize the “Grievance Program” to document retaliatory acts or other PREA related concerns and issues. The process is over-seen by the facility Grievance staff who works in concert with the facility administrators and investigators to ensure privacy and policy compliance. The facility has the option to change inmate housing or transfer inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by

inmates or staff, and act promptly to remedy any retaliation. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Corrective Action: No

Standard 115.68 Post-allegation protective custody

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

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

Supporting Documents, Interviews and Observation:

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

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

Corrective Action: No

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Supporting Documents, Interviews and Observations:

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

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

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

- Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documented description of the physical and testimonial evidence, and investigative facts and findings.

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

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. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

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

Corrective Action: No

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Supporting Documents, Interviews and Observations:

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

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. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

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

Corrective Action: No

Standard 115.73 Reporting to inmates

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

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

Supporting Documents, Interviews and Observations:

- Connecticut Department of Correction Policy 6.12: Title – Inmate Sexual Assault Prevention Policy, Dated 04/06/2015
- CDOC Policy 6.6 – Reporting of Incidents
- CDOC Policy 10.2 – Inmate Education
- PREA Audit: Pre-Audit Questionnaire / Adult Prison & Jails
- Interviews:
 - o Agency PREA Coordinator

- Facility Warden
- Investigator
- Inmates Reported Sexual Abuse

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

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

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

When NHCCC notifies inmates, it uses the Notification of Outcome of Investigation letter as its documentation located on the Investigation Letter from the PREA Office.

Interview Results

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

Standard 115.76 Disciplinary sanctions for staff

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

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

Supporting Documents, Interviews and Observations:

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

Administrative Directive, 6.12, Paragraph 21. Disciplinary Sanctions, A. Staff Discipline, references AD 2.6, Employee Discipline and 2.17, Employee Conduct, states 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 indicates that termination is the presumptive disciplinary sanction for staff who have been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

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.

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

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

Interview Results

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

Corrective Action: No

Standard 115.77 Corrective action for contractors and volunteers

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

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

Supporting Documents, Interviews and Observations:

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

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

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

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

Corrective Action: No

Standard 115.78 Disciplinary sanctions for inmates

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

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

Supporting Documents, Interviews and Observations:

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

- Agency PREA Coordinator
- Facility Warden
- Medical Staff
- Mental Health Staff

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

The Pre-Audit Questionnaire documented that there were no allegations or investigation resulting in inmate discipline for violating any agency sexual abuse policies. This was confirmed through interviews with staff. An interview with the PREA Compliance Manager/Deputy Warden related that inmates would be disciplined in accordance with AD 9.5, Code of Penal Discipline and if the allegation was criminal he would be referred for prosecution if the charges were substantiated.

Corrective Action: No

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

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

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

Supporting Documents, Interviews and Observations:

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

- Inmates Disclosed Sexual Victimization

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

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

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

Interview Result

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

Corrective Action: No

Standard 115.82 Access to emergency medical and mental health services

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

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

Supporting Documents, Interviews and Observations:

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

Inmates requiring a forensic medical exam are sent to an outside hospital to be examined by a Sexual Assault Nurse Examiner. The CONNSACS provide information as to the location of the nearest medical facility that has a Sexual Assault Nurse Examiner. Staff at the CRCI indicated inmate victims of sexual assault would be seen at hospital.

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

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

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

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

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

Corrective Action: No

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

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

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

Supporting Documents, Interviews and Observations:

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

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

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

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

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

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

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

B. Forensic Examination/Investigatory Process:

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

C. Crisis Counseling:

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

Corrective Action: No

Standard 115.86 Sexual abuse incident reviews

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

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

Supporting Documents, Interviews and Observations:

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

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

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) 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

Interview Result

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

Corrective Action: No

Standard 115.87 Data collection

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

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

Supporting Documents, Interviews and Observations

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

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

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

Corrective Action: No

Standard 115.88 Data review for corrective action

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

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

Supporting Documents, Interviews and Observations:

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

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

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

Corrective Action: No

Standard 115.89 Data storage, publication, and destruction

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

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

Supporting Documents, Interviews and Observations:

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

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

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

Corrective Action: No

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 Signature

Date