

PREA AUDIT: AUDITOR'S SUMMARY REPORT ADULT PRISONS &  
JAILS



<b>Name of facility:</b>		<b>Brooklyn Correctional Institution</b>	
<b>Physical address:</b>		<b>59 Hartford Road, Brooklyn , CT 06234</b>	
<b>Date report submitted:</b>		<b>06 Feb. 2015</b>	
<b>Auditor Information</b>			
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<b>Date of facility visit:</b>		<b>05, 06 January 2015</b>	
<b>Facility Information</b>			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>		<b>(860) 779-4500</b>	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b> <b>State of Connecticut, Department of Correction</b>			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <b>State of Connecticut</b>			
<b>Physical address:</b>		<b>24 Wolcott Hill Road Wethersfield, CT 06109</b>	
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## AUDIT FINDINGS

### NARRATIVE:

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A PREA Audit was conducted at the State of Connecticut, Department of Correction facility, Brooklyn Correction Institution, Brooklyn, CT on January 05-06, 2014. The audit team consisted of certified PREA Auditor W.C. Sparks (certified by the U.S. Department of Justice to conduct PREA Audits) and one assistant, Todd Sturgeon from Sparks Security LLC. Prior to the physical on-site audit of BCI, interviews were conducted at the Central Office of the Connecticut Department of Correction. Interviewed were Deputy Commissioners Cheryl Cepelak, Acting Deputy Commissioner Monica Rinaldi, Human Resources Director Suzanne Smedes, PREA Unit Director Dave McNeil, Contract Administrator Melanie Sparks, and three PREA Investigators. During the sixty days prior to the audit, a comprehensive review was conducted of both Agency and Facility policy and procedures.

The audit team would like to thank PREA Compliance Manager/Deputy Warden Anthony Corcella for the comprehensive preparation of the Pre-Audit Questionnaire. The electronic files received prior to the audit were extremely well organized and complete. These files were prepared in a manner that made them the standard for all subsequent audits to emulate.

On January 05, 2015, the audit team arrived at the BCI and began the day meeting with CTDOC District Administrator Peter Murphy, CTDOC PREA Coordinator Dave McNeil, BCI Warden Johnathan Hall and BCI Compliance Manager Deputy Warden Anthony Corcella. After introductions BCI Compliance Manager Deputy Warden Anthony Corcella lead a tour of the entire BCI.

A BCI inmate listing was furnished showing all inmates with inmates identified as being limited English proficient, and transgender. There were no inmates identifying as intersex, gay, bisexual, or disabled or that had reported sexual abuse. One other inmate had disclosed sexual victimization which had occurred and been reported at another facility. Each of those inmates was interviewed. Rosters of staff assignments for each shift were also furnished to enable selection of staff to interview.

There were five hundred six male inmates at the facility on the day of audit. BCI does not accept inmates less than eighteen years of age. The population at BCI is comprised of ninety percent sex offenders. During the previous year, there were three sexual assault/harassment allegations of which two were determined to be unsubstantiated and one remains open.

The audit team selected random inmates with at least one selected from each housing unit as well as the one inmate who was limited English speaking. There was also one inmate identified as being transgender. In all twelve inmates were identified and agreed to be interviewed. The audit team also selected 10 random staff representing all three shifts. Specialized staff interviewed on-site include the Warden, PREA Compliance Manager, Intermediate/Higher Level (Deputy Warden & Lieutenants), Medical Nurse, School Teacher, Mental Health Counselor, Classification Counselor (performs screening for risk of victimization/abusiveness), two members of the incident review team, and Intake staff. The medical and mental health staffs at the facility are contracted through UMHC (University of Connecticut Managed Health Care).

BCI provided the audit team with two private locations to conduct interviews with both staff and inmates. Interviews were conducted during the Day Watch with staff from all three shifts.

The correctional officers and other staff interviewed were both articulate and knowledgeable on the subject of their duties and specifically those aspects of PREA that were of potential impact to their positions. The overall impression was one of a well-trained and professional work force.

During the first day of the on-site audit it was determined that there was an omission in the policy pertaining to Intake Screening. A review of a random selection of files of inmates admitted during the previous two months revealed that the intent of the standards was being fully met and a minor revision to facility policy rectified the aforementioned omission. One other issue arose pertaining to the notification of inmates regarding allegations of abuse/harassment. During the previous year, there had been three complaints of a PREA nature. Two of those were unsubstantiated and resulted in a notification from the Connecticut State Police to the inmate complainants that, after their review, they had determined that there were insufficient facts to warrant criminal charges. Based upon the CSP notification, the facility had not made their own notifications. After discussing the language of the standard, written notifications were issued to both involved inmates. Both had already discharged from the facility.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**



The Brooklyn Correctional Institution, formerly known as the Windham County Jail, was built in 1820 and served as both town hall and jail. In 1842, a new jail was constructed adding barns, outbuildings and in 1863 a section for female prisoners. The mission during this time was employing prisoners as common laborers. By 1847, offenders outside jobs grew extensively to include such labor as digging, carting, woodcutting, and harvesting. In the late 1800, subsequent changes were incorporated into the initial mission, incarcerating inmates on charges such as drunkenness, theft and bootlegging. A prison library was established along with religious services, including monthly meetings run by the Women's Christian Temperance Union. Statistics from 1887 reflect 225 inmates committed to the jail. In the 1940's to the 1970's offenders were committed for crimes such as grand theft, drug possession, and even murder. In 1990, the new dormitory style facility was built and the institution changed from a pretrial level 4 to a sentenced level 3 facility. In 1994, programming for the sex offender population began. The facility confines level three, medium-security inmates in a dormitory setting.

## **SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	1
Number of standards met:	39
Number of standards not met:	0
Number of standards not applicable:	3

**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)

Not Applicable

Full compliance with the standard was determined by;

Reviewing CTDOC AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” dated 02 Nov 14; staff signatures indicating understanding of policy and acknowledgement of obligation to comply, review of the organizational chart with the PREA coordinator indicated. The CTDOC has established an agency-wide PREA Coordinator (Dave McNeil) and PREA Compliance Managers for each facility it operates. Mr. McNeil was appointed as the Agency PREA Coordinator Sept 6, 2013. Deputy Warden Anthony Corcella’s appointment as PREA Compliance Manager for the Brooklyn Correction Institution was effective April 1, 2014.

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**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)

Not Applicable

The Brooklyn CI does not contract with any entities to house inmates, thus the standard is determined to be “Not Applicable”; however, the Connecticut Department of Correction does contract with seventeen non-profit agencies for community confinement that the Brooklyn CI does transfer inmates to. Annual inspections of each facility are completed each year by CTDOC. Review of these contracts clearly indicates that the facilities must comply with the Prison Rape Elimination Act (PREA) including annual PREA audits.

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**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)

Not Applicable

The Brooklyn CI complies with a staffing plan that ensures safety and security of all is maintained. Deviations of the staffing plan have occurred. Overtime is assigned after designated "Pull Posts" and "Shutdown Posts" have been closed. Shutting down of a post will trigger cessation of programming in that area. The most common reason for deviation from the staffing plan was an inability to successfully solicit overtime volunteers after mandating opportunities had been exhausted, this due to collective bargaining agreements. Deviation from the staffing plan is documented as mandated by CTDOC policy. The Brooklyn CI provided documentation of staffing plan meetings in the form of minutes from the 03 Dec 14 PREA Staff Supervision & Monitoring Meeting. This was the first documented instance of these meetings taking place. Camera maps, daily shift rosters, staffing pattern memo, memo from the agency PREA Coordinator demonstrating input, supervisor post orders, and logs showing unannounced rounds were also submitted for review. The totality of the documentation demonstrates that the Brooklyn CI and the CTDOC keep PREA standard considerations in mind when determining the need for additional staff and video monitoring. Logbooks and interviews clearly illustrate that Supervisors conduct unannounced rounds on all shifts throughout the facility.

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**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)

Not Applicable

Brooklyn CI does not, under any circumstances, accept inmates less than eighteen years of age. Standard 115.14 is thus NOT APPLICABLE.

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### **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)

Not Applicable

The Brooklyn CI employees are permitted to conduct cross gender strip searches per CTDOC and BCI policy when, “accommodation cannot be made and a strip-search is deemed to be essential without delay”. Should this occur, reporting is mandatory via form CN 6601, Incident Report, in accordance with Administrative Directive 6.6, Reporting of Incidents. There is no evidence that a cross gender strip search has ever occurred in the history of the CTDOC. Note: BCI is an all-male facility and does not house female inmates making 115.15 (b) non-applicable. When cross gender staff are on the housing units, there is an announcement made over the intercom of opposite gender staff being on the unit. It was evident from the tour and offender and staff interviews these announcements are being made routinely. Such announcements are logged in logbooks on the housing units. All staff are trained to conduct all pat searches in a professional manner. BCI Unit Directive 6.12 Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention provides for inmates to be able to shower, perform bodily functions, and change clothing without opposite gender staff viewing their buttocks or genitalia. The training lesson plan for “Security Procedures – Body Search Techniques” was reviewed which does contain information regarding searches of LGBTI inmates. A sample of training records for BCI employees was reviewed to confirm training was attended.

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### **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)

Not Applicable

A review of the following CTDOC policies and documents ensure compliance with this standard: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention; BCI Unit Directive 6.12 Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention; CTDOC Administrative Directive 10.19 Americans with Disabilities Act; CTDOC Administrative Directive 10.12 Inmate Orientation; PREA Training For Staff Lesson Plan; Contracts for linguistic translation with four different companies. The facility takes necessary steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. There have been no instances during this report period where inmate interpreters, readers or other types of inmate assistants were used. This was confirmed through staff and inmate interviews.

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### **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)

Not Applicable

Interviews with CTDOC Human Resources unit indicates that the components of this standard are being met. CTDOC Administrative Directive 2.3, "Employee Selection, Transfer and Promotion" is the guiding mandate to accomplish compliance with this standard. BCI does not conduct background checks as these are completed at the Agency level at least every five years for current permanent employees. Documentation received from the CTDOC has been verified. The agency has become compliant with this standard as of 26 Sept. 2014. All employees have had their criminal background check completed again. They conduct background and Motor Vehicle checks every five years for contractors, vendors and volunteers or whenever the contract is renewed, whichever is less. Background checks are completed by the CTDOC Security Division.

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### **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)

Not Applicable

The facility is in the process of updating their camera system throughout the facility. The agency and facility considers the importance how monitoring technology (cameras) will enhance their ability to protect inmates from sexual abuse. A review of their staffing plan addresses the enhancement through cameras. The facility has identified blind spots and submitted requests for approval to acquire additional cameras and recording equipment. Those requests are pending at the time of this report.

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### **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)

Not Applicable

Policy and procedures outline evidence protocols and requirements for forensic medical exams. Healthcare staff is not involved in the management or treatment of sexual assault cases except to stabilize the inmate before the transfer to the Windham Hospital in Willimantic, CT where SAFE – SANES staff are on duty. The Connecticut State Police are also notified immediately and would be present at the hospital for the investigation. There were no forensic medical examinations during this reporting period. Policies reviewed and interviews with medical and mental health staff verify the compliance with this standard. Interviews with Medical and Custody staff showed a competent knowledge of evidentiary collection procedures and specifics to biological materials.

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### **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)

Not Applicable

Policies that meet this standard include: CT DOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, BCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, CT DOC Administrative Directive 6.6 Reporting of Incidents, Administrative Directive 1.10 Investigations. All allegations are referred to the PREA Unit for investigation. An administrative investigation is completed on all allegations of sexual abuse and sexual harassment. The Connecticut State Police determine the necessity of a criminal investigation. There were three (3) reported allegations of sexual abuse. All three were referred to the Connecticut State Police for investigation and the PREA Unit for administrative investigation. One of those cases was still pending at the time of this report, the other two were determined to be unsubstantiated. Of the three, one was sexual abuse, one was harassment, the last was threatened sexual abuse.

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### **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)

Not Applicable

Agency and facility policies meet this requirement of the standard. Training standards are set forth in: CTDOC Administrative Directive 2.7 Training and Staff Development, CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, BCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, 24-HREL 408A PREA Standards Training 2014 power point training material. Training attendance sign-in sheets have been reviewed. All staff are mandated to forty hours of in-service training (IST) each year that includes this mandated training. Additionally, there were eighteen roll-call memos issued, breaking down the PREA policy and issued in order to reinforce the formal trainings mentioned above. All staff have been shown the Rodney Hulin video.

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### **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)

Not Applicable

The following governing policies and materials were reviewed and were confirmed to meet the requirements of the standard; CTDOC Administrative Directive 2.7 Training and Staff Development, CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, BCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, VIP (Volunteers, Interns, Professional Partners) Handbook. Training attendance sign-in sheets were reviewed. No volunteers or contractors were available for interview.

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**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)

Not Applicable

The following governing policies and materials were reviewed and were confirmed to meet the requirements of the standard; CTDOC Administrative Directive 9.7 Inmate Admissions, Transfers and Discharges mandate PREA training upon arrival at the receiving facility. CTDOC Administrative Directive 10.12 Inmate Orientation mandate that the receiving facility provides PREA training upon receiving transfer inmates. CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, BCI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention mandates inmates receive presentation of the PREA video and are made aware of the CT DOC zero tolerance policy. Interviews with the inmates and staff verify that they received the PREA training. PREA Posters are displayed throughout the facility in prominent areas with phone numbers to call to report abuse. The facility inmate handbook covers the PREA information and they receive information at the time of intake. The inmates sign an acknowledgement of having received the training.

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**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)

Not Applicable

Investigators have received specialized training presented by Tim Bambord, NP and Nicole Anchor, Legal Counsel for CTDOC and Kim Weir, Director of Security for CTDOC entitled, "Investigating Sexual Abuse in Confinement." This was verified through staff interviews, a review of the PowerPoint presentation, which included evidence preservation, reporting, and handling incidents of sexual abuse. Training records and sign in sheets indicate training was conducted and attended.

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**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)

Not Applicable

CTDOC Administrative Directive 8.6 Credentials for Health Services Staff mandates that all Health Service staff that have contact with inmates shall be trained on their responsibilities under Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention. CTDOC Administrative Directive 2.7 Training and Staff Development, mandates that all Healthcare Practitioners shall receive additional PREA related training specific to their areas of responsibility. All medical and mental health staff has received specialized training presented by NIC "PREA for Medical Staff" Module one and two.

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**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)

Not Applicable

All inmates are assessed during intake screening for their risks of being sexually abused by other inmates or sexually abusive towards other inmates. All assessments are conducted within 72 hours of arriving. Auditors reviewed documentation of the screenings and the instrument used. All questions required on the screening instrument are utilized, with the exception of whether an offender is housed solely for civil immigration purposes, as BCI does not house this type of offender. Information gathered as a result of intake screening is limited to counseling staff and PREA liaison and Coordinator. Reassessment is conducted fourteen days after intake to the facility. Procedures governing intake screening are promulgated in BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.

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**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)

Not Applicable

BCI uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive or sexually victimized. At the time of the audit there were no inmates identified as being gay, or intersex being housed at the BCI. One inmate was identified as transgender. All housing at BCI is dormitory style, that inmate was housed in general population in what is referred to as "High Visibility", meaning that his "cube" (a partition containing three bunks or six inmates) was the one located directly in front of the officer's station. This affords a greater degree of visibility and monitoring than the other cubes. All screening information is controlled by limiting access to the inmate's central file which is the only place that information is contained. Access to those files is restricted to counseling staff, supervisors and administrative personnel. Use of screening information is governed by BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11-C, Section 11-D; Form CN 9306 Inmate Intake Process Form, CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11-C & D.

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**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)

Not Applicable

There have been no incidents involving use of Involuntary Protective Housing as there is no segregation unit at BCI. Per policy, inmates needing protection from staff or inmates at BCI are transferred to another facility on the same day that the need is identified. Governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11-A-1 and BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11-A-1.

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**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)

Not Applicable

Inmates being housed at the BCI have multiple ways to report allegations, including verbally to staff, in writing through formal inmate correspondence or by calling one or both anonymous reporting hotlines (one for internal CTDOC and one external to Connecticut State Police); staff and third parties may also utilize a hotline to report an allegation privately. Interviews with staff indicate they are well aware that they must accept all reports and they are responsible for reporting them promptly and subsequently documenting them via incident report. Note: The BCI is a medium security prison without a segregation unit; however, the BCI does have two holding cells to provide for immediate-temporary short-term protection if necessary. Governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12 & 13, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, PREA Posters, Inmate Handbook, Staff Training Modules HREL 408 A Power Point presentation.

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**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)

Not Applicable

BCI is exempt from this standard as their Grievance Policy specifically excludes PREA incidents from the grievance procedure. Governing policy is CTDOC AD 9.6 Inmate Administrative Remedies, Section 4.

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**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)

Not Applicable

The CTDOC and the Connecticut Sexual Assault Crisis Services (CONNSACS) have developed an MOU to assure a unified effort to provide inmates with confidential emotional support service related to sexual violence. The BCI community victim service provider may be one of twelve regional offices that provide for confidential reporting and outside confidential support services to include hospital accompaniment for a Sexual Assault Forensic Exam. Inmates may contact them via phone or mail. Interviews with inmates indicated virtually all were aware of these outside support services. Governing policy includes CONNSACS MOU, CTDOC AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, PREA Posters, and the Inmate Handbook. CONNSACS staff was unresponsive to attempts by this auditor to interview them or to obtain information pertaining to reports and services.

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**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)

Not Applicable

CTDOC provides a PREA Hotline toll free at 770-743-7783 for third parties to report allegations of sexual abuse and harassment, which is available on the CTDOC website (<http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868>). All inmates interviewed indicated an awareness of third party reporting ability and hotline numbers (Internal toll free CTDOC hotline \*9222# and External toll free CTCSP hotline \*9333#). These numbers are also published in the Inmate Handbook as well as posters throughout the facility in all inmate access areas.

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**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)

Not Applicable

Governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, Staff Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. All the components of this standard are covered in the aforementioned documents. Staff interviews revealed a consistent knowledge of obligation to report allegations or knowledge pertaining to incidents or contributing neglect of duty associated with sexual abuse and/or harrassment.

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**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)

Not Applicable

Governing policy includes CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, CTDOC AD 9.3 Inmate Admissions, Transfers and Discharges, Section 5-J; CTDOC AD 6.6 Reporting of Incidents, Section 5-S, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, BCI UD 9.3 Inmate Admissions, Transfers and Discharges, Section 5-J; Form HR001, P4, Section 3, Staff Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. All staffs are required to take immediate action to protect any inmate(s) which they determine to be at substantial risk of imminent sexual abuse. Interviews with employees demonstrated they are familiar with their required actions and obligation to keep inmates safe. At BCI, there have been no incidents requiring staff to exercise their obligations under this standard.

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### **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)

Not Applicable

Governing policy includes, CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention. CTDOC had an agency wide policy in place that requires a facility receiving an inmate allegation of sexual abuse while confined at another facility, "not under the jurisdiction of the Connecticut Department of Correction," must notify the head of the facility where the alleged abuse occurred within 72 hours after receiving the allegation, and to document the notification. The facility head where the assault is alleged to have taken place shall ensure that the allegation is investigated in accordance with these standards. The policy at BCI does not include the jurisdictional language and complies with this standard. After discussion at the Agency level, a memorandum was issued from the CT DOC Commissioner's office and distributed statewide directing that a facility receiving an inmate allegation of sexual abuse while confined at another facility must notify the head of the facility where the alleged abuse occurred within 72 hours after receiving the allegation, and to document the notification. This memo satisfies the standard.

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### **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)

Not Applicable

Governing policy includes, CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. Staff first responders for allegations of sexual abuse are required to separate the alleged victim and abuser, preserve and protect the crime scene and any possible evidence therein, and ensure the victim not take any actions that could destroy any physical evidence of the assault. If the first responder is designated as non-custody, the staff member is required to notify a custody staff member as soon as possible.

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**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)

Not Applicable

Governing policy includes, CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. CTDOC has a written policy to coordinate the actions to be taken by first responders, supervisory staff, medical and mental health staff, and investigators in response to an incident of sexual abuse. All staff interviewed indicated an awareness of their responsibilities in order to produce a coordinated response for sexual assaults.

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**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)

Not Applicable

There have been no collective bargaining agreements entered into since August 20, 2012. The existing collective bargaining agreements do not impinge upon the rights of the agency to limit contact between inmates and abusers.

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**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)

Not Applicable

Governing policy includes, CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. The agency has a policy prohibiting any retaliation against any inmate or staff member who reports sexual abuse or sexual harassment, or who cooperates with an investigation into a sexual abuse or sexual harassment allegation. The facility PREA Compliance Manager monitors for possible retaliation within the facility and reports to the Agency PREA Coordinator any violations of this policy. Monitoring mechanisms were detailed and provided for a depth of monitoring sufficient to reveal the majority of retaliation identifiers.

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**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)

Not Applicable

Governing policy includes, CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 111, BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. The agency prohibits the involuntary placement into segregated housing for inmates who allege to have suffered sexual abuse unless no other alternative housing is available to the extent necessary to protect the inmate from likely abusers. Furthermore, the policy states that if the facility cannot perform such an alternative housing assignment, that the involuntary housing shall not exceed thirty days during which time the inmate shall have access to programs, privileges, education and work opportunities. At BCI, there have been no incidents involving use of Involuntary Protective Housing as there is no segregation unit. Inmates needing protection from staff or inmates at BCI would be transferred to another facility on the same day that the need is identified.

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**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)

Not Applicable

Governing policy includes, CTDOC AD 1.10 Investigations. The agency policy states that upon receipt or discovery of an allegation or sexual abuse incident, at a minimum, a supervisor shall promptly review direct and circumstantial evidence, interview all alleged victims or suspected perpetrators, and report the matter to the Connecticut State Police to determine the necessity of a criminal investigation including third-party and anonymous reports. The agency PREA investigators have received specialized training presented by Tim Bambord, NP and Nicole Anchor, Legal Counsel for CTDOC and Kim Weir, Director of Security for CTDOC entitled, "Investigating Sexual Abuse in Confinement" which included evidence preservation, reporting, and handling incidents of sexual abuse. Furthermore, the agency policy requires that all reports be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

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**Standard 115.72 Evidentiary standards 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)

Not Applicable

Governing policy includes, CTDOC AD 1.10 Investigations. Agency policy requires no standard higher than a preponderance of the evidence as the standard of proof in determining whether allegations of abuse or harassment are substantiated. Interviews with agency investigators demonstrated their awareness of this policy.

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### **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)

Not Applicable

Governing policies are CTDOC AD 1.10 Investigations, Section 8, g; CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 17; BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 17. BCI and CTDOC policy meets the requirements of this standard. BCI had two occasions to comply with this standard. On both occasions, the Connecticut State Police notified the inmate verbally that no charges would be pursued. A follow up letter was sent from the facility as both inmates had discharged prior to the investigation being completed.

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### **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)

Not Applicable

Governing policies are CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21; CTDOC AD 2.6 Employee Discipline; CTDOC AD 2.17 Employee Conduct Section 6; BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21; All standard requirements are embodied within these policies. There were no reported incidents involving allegations against staff, nor were there any disciplinary actions warranted or taken against staff at BCI arising from a PREA related incident during the past year.

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**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)

Not Applicable

Governing policies are CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, b; BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, b; All standard requirements are embodied within these policies. No volunteers were available for interview. Contractors are under constant staff escort. There have been no incidents of misconduct or allegations of such against a volunteer or contractor at BCI.

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**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)

Not Applicable

CTDOC policy demonstrates compliance with this standard. Governing policies are CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, c; BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, c; CTDOC Administrative Directive 4.2A, Attachment B; CTDOC Administrative Directive 9.5 Code of Penal Discipline Section 12, bb; The policy lists Sexual Assault as a Class A offense which subjects an inmate to possible sanctions of Punitive Segregation up to 15 days, forfeiture of 10 days Good Time and/or RREC (maximum 90 days loss of sentence credit) and two other penalties as stipulated under Section 10, e. The BCI has had no allegations of an inmate engaging in inmate-on-inmate sexual abuse.

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**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)

Not Applicable

Governing policy is CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; CTDOC Administrative Directive 8.5 Mental Health Services, Section 4; BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; Policy indicates inmates are offered a follow-up meeting with medical or mental health staff within 14 days if they disclose prior sexual victimization or perpetration during risk screening. Three inmates in the past 12 months at BCI indicated during the Behavior/Mental Health Screening a history of sexual-victimization. Documentation indicates those inmates were offered continued counseling services to which all of the inmates declined. This information is being shared for the purpose of housing, programming and work assignments, thus allowing this standard to be met.

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**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)

Not Applicable

Governing policy CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; Inmate Handbook p.39; states that treatment services relative to sexual abuse shall be provided to the victim without financial cost regardless of whether the victim cooperates with the subsequent investigation or not. Interviews with both employees and inmates confirm knowledge of and compliance with this standard.

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**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)

Not Applicable

Documentation provided to auditors indicates three allegations of sexual abuse have occurred in the past 12 months. CTDOC policy is compliant with this standard; governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13,c and BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, c. CTDOC has an MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) to provide offenders with confidential emotional support services related to sexual violence. 115.83 d. & e. do not apply to BCI as only male inmates are housed there. CTDOC dictates all medical and mental health services related to sexual abuse will be provided at no cost to the inmate. Governing policy is CTDOC AD 6.12 Section 13,c-7; AD 8.1 Scope of Health Services Care, Section 4 and BCI UD 6.12 Section 13, c-7.

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**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)

Not Applicable

CTDOC governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 22 and BCI UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 22 which provides that all sexual abuse incident reviews are conducted by the appropriate staff within 30 days following the completion of an investigation for all allegations determined to be substantiated or unsubstantiated. There were three PREA incidents which occurred at the facility during the previous year. One remains open, two were unsubstantiated. The documentation reviewed by auditors demonstrated the reviewing committee for sexual abuse incident reviews consisted of the BCI PREA Compliance Manager, PREA Investigator, Medical Staff, and the Warden. Documentation indicates that the review committee takes all required elements into consideration.

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**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)

Not Applicable

CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 3-I, Section 23-a and USDOJ SSV-IA are the governing policies, dictating the collection of accurate uniform data for every allegation of sexual abuse at all facilities to include facilities that have contracts for the confinement of CTDOC offenders. The CTDOC provided auditors with documentation demonstrating all appropriate data is being collected. BCI aggregated data was being combined with CTDOC data which was not broken down by facility. Discussions at the agency level as well as inquiries to the PREA RESOURCE CENTER resulted in the CT DOC revising their posted reports to meet all material requirements for this standard. There had been no previous audits for posting. DOJ has not made any prior requests for data. The CTDOC PREA Coordinator works closely with the BCI PREA Compliance Manager to maintain, review, and collect all necessary data; the CTDOC PREA Coordinator stores this data electronically.

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**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)

Not Applicable

The CTDOC reviews the data collected to assess the effectiveness of its sexual abuse prevention, detection, and response policies. Governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23-c. Any areas identified as deficiencies or areas that will improve the effectiveness of the sexual abuse prevention, detection, or response policies are addressed. The CTDOC publishes an annual report which will compare data from the previous year(s) in order to assess progress and address concerns. This is the first year for which data was collected, thus there are no comparison figures available. These reports are reviewed and approved by the CTDOC Commissioner and are available on the CTDOC website located at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868>. There are no personal identifiers contained in the annual report available on the website.

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**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)

Not Applicable

Standard requirements are included in CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 and Records Retention Schedule, State of Connecticut State Library, Office of the Public Records Administrator, form RC-050. All PREA Data is kept a minimum of 10 years after the date of initial collection. Annual reports pertaining to this data are available on the CTDOC website with all identifying information having been removed prior to publication.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

**28 January 2015**  
Date