

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

Interim Final

Date of Report 10/07/2019

Auditor Information

Name: Sonya Love	Email: : sonya.love57@outlook.com
Company Name: Diversified Consultant Services	
Mailing Address: : P.O. Box 452	City, State, Zip: : Blackshear, Georgia 31516
Telephone: (678) 200-3446	Date of Facility Visit: August 5-7, 2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Connecticut Department of Correction		State of Connecticut	
Physical Address: 24 Wolcott Hill Rd. Wethersfield,		City, State, Zip: Wethersfield, CT 06109	
Mailing Address: : 24 Wolcott Hill Rd.		City, State, Zip: Wethersfield, CT 06109	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: : www.ct.gov/doc			

Agency Chief Executive Officer

Name: Rollin Cook	
Email: Rollin.Cook@ct.gov	Telephone: 860-692-7482

Agency-Wide PREA Coordinator

Name: David McNeil	
Email: david.mcneil@ct.gov	Telephone: 203-250-8136
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator 18

Facility Information

Name of Facility: Cheshire Correctional Institution

Physical Address: 900 Highland Avenue

City, State, Zip: Cheshire CT, 05410

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.ctgov/doc>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: _____)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Warden/Jail Administrator/Sheriff/Director

Name: Kenneth Butricks

Email: Kenneth.Butricks@ct.gov

Telephone: 203-651-6066

Facility PREA Compliance Manager

Name: Jennifer Peterson

Email: Jennifer.Peterson@ct.gov

Telephone: 203-651-6070

Facility Health Service Administrator N/A

Name: Kirsten Shea

Email: Kirsten.Shea@ct.gov

Telephone: 203-994-7846

Facility Characteristics

Designated Facility Capacity:	1580	
Current Population of Facility:	1358	
Average daily population for the past 12 months:	1298	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18+	
Average length of stay or time under supervision:		
Facility security levels/inmate custody levels:	Level 1-5	
Number of inmates admitted to facility during the past 12 months:		
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :		
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :		
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Chrysalis Center is a private non-profit healthcare agency <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	405	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	0
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	38
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	60
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	202
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	12
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	16
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	33
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	11	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

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

Overview

The on-site Prison Rape Elimination Act (PREA) audit of the Cheshire Correctional Institution (CCI) Cheshire, Connecticut. The audit was conducted on July 29-31, 2019. The audit was completed by Sonya Love, certified PREA auditors with Diversified Consultant Services. This is the second PREA audit for this facility. CCI is classified as an "Administrative" facility. The Cheshire Correctional Institution confines long-term, adult sentenced offenders. It also operates several specialized housing units, including protective custody and restrictive housing.

The Auditor conducted an opening meeting, toured the entire facility, interviewed a random sample of staff and inmates, and reviewed PREA related staff and inmate documentation. Upon completion of the onsite audit process, a closing meeting was held with the Lieutenant Domitriz, PREA Liaison to discuss the next step in the audit process and corrective actions.

Pre-Audit Phase

The standards used for this audit became effective August 20, 2012. An internet search confirmed the CCI 2015 PREA Report was posted on the facility's website and the audit took place on December 10, 2015. The Auditor also found the Family and Friends Handbook, in English and Spanish, located on the facility's website. The handbook contained information such as the facility rules, available programs and services, and details on the inmate telephone system (Securus).

An examination of the inmate handbook revealed that Cheshire CI notified all inmates that:

- Confidentiality: The handbook explains to inmates the level of confidentiality they should expect during a mental health consultation. Moreover, inmates are advised that interaction is considered confidential except when information is disclosed that indicates the inmate plans to harm self or others, plan to escape, have been the victim of or have engaged in child/elder physical or sexual abuse, or there are general safety or security concerns.
- Telephone calls: Calls are subject to monitoring and recording except for unmonitored inmate calls to attorneys. Inmate use of the telephones is governed by Connecticut General Statutes, 4-8, 18-81, 52-570d, 54-82c and 54-186. B. Regulations of Connecticut State Agencies, Sections 18-81-28 through 18-81-51, which is available in the inmate library.
- Third party Reporting: Anyone can report abuse on behalf of an inmate by assessing the public website, portal.ct.gov/DOC/Miscellaneous/PREA, PREA's Director, Dave McNeil (203) 250-8136, PREA Investigative Unit Hotline (770) 743-7783 or by contacting the Connecticut State Police (CSP).
- Zero-tolerance policy: CDOC has a Zero- Tolerance Policy against sexual abuse and sexual harassment

- Inmate Administrative Remedies: CT DOC, Administrative Directive 9.6, provides a way for inmates to report an issue or a problem to Cheshire Correctional Facility or to CDOC officials above the level of a Warden
- Victim Advocacy Services: CT DOC/CCI provides access to advocacy services for inmates who have been sexually abused or sexually harassed during their term of incarceration through the local community advocacy organization
- Emergency Medical Services (SANE/SAFE examination): Emergency response is available 24 hours a day at John Dempsey Hospital University of Connecticut (UCONN) Medical Center
- Privileged correspondence: Correspondence to and from entities such as a state, federal court, elected government official, the CDOC Commissioner the Attorney General, The Board of Parole, or the Commissioner of Human Rights are considered privileged mail.

General Information:

- CDOC details inmates’ rights and responsibilities
- CDOC has an informational Friends and Family Handbook on the website
- CDOC details in the Inmate Handbook healthcare rights and responsibilities
- CDOC indicates that sexual contact with other inmates is not authorized
- CDOC details the disciplinary action/code of penal discipline
- CDOC outlines facility programs such general education and adult basic education
- CDOC details inmates right to be safe from sexually abusive behavior
- CDOC details multiple ways for inmates to report an incident of sexually abusive behavior

Advocacy

Organization Name	Contact Information
Just Detention International (JDI)	3325 Wilshire Blvd, Suite 340, Los Angeles, CA 90010 (213) 384-1400
Connecticut Sexual Assault Crisis Services (CONNSACS)	96 Pitkin Street, East Cheshire, CT 06108 (860) 282-9881

Document Request

The auditor completed a document review of the Cheshire Correctional Institution, Pre-Audit Questionnaire (PAQ), applicable policies, procedures, program statements and supplemental information. Telephone calls and emails were exchanged between the PREA Coordinator, Lieutenant and PREA Liaison to discuss logistics for the onsite portion of the audit. The following documentation was requested for the onsite visit:

- Roster of inmates by unit
- Roster of inmates with disabilities
- Roster of inmates who were Limited English Proficient (LEP)
- LGBTI inmates
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Inmate census the first day of the audit
- A roster of new employees hired in the past 12 months
- 2019 Staffing Plan
- Unannounced institutional rounds
- List of contact information for volunteers

- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors

Prior to the on-site visit, The PREA Coordinator and CCI reviewed the Pre-Audit Questionnaire (PAQ) and provided evidence in support of standard and substandard. Examples of documentation provided included Administrative Directives (AD), Unit Directives, logbook documents, forms and memos. Administrative Directives are agency-wide governing policies developed by the Connecticut Department of Corrections (CT DOC). Unit Directives are policies that are generally site-specific policies employed by a facility to expand clarification of a CDOC Administrative Directive.

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

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of CCI was held on July 29-31, 2019, by Diversified Consultants Services, PREA certified auditor Sonya Love. The population on the first day of the audit was 1351 males. The rated capacity was 1580 with 33 segregation cells. The age range of the population was 18+ years old. A meeting took place with the Lieutenant, PREA Liaison, Statewide PREA Coordinator, and the Captain of the PREA Unit to outline the Auditor’s sampling strategy, logistics for the facility tour, interview schedule and to discuss the need to review additional directives and supplemental documents. The Auditor was provided a private room in which to work and conduct confidential interviews. All requested files and rosters, both staff and inmates were made available to the Auditor for review. The auditor interviewed the following categories of specialized and random staff, during the onsite phase of the audit:

Category of Staff Interviewed	# Interviews Conducted
Random Staff	7
Specialized Staff	18
Total Staff Interviewed	25

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

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The Auditor interviewed the following categories of random and specialized Staff, during the on-site phase of the audit:

Category of Staff Interviewed	# Interviews Conducted
Random Staff	7
Specialized Staff	18
Total Staff Interviewed	25

*selected from all shifts

Other staff interactions during the facility tour	# Interviews Conducted
Staff interactions during the facility tour	2
Staff who refused to be interviewed	0
Total Staff Interviewed	2

Category of Specialized Staff Interviewed	# Interviews Conducted
Agency Contract Administrator (previously interviewed) in 2019	1
Intermediate or higher-level facility staff responsible for conducting an announced round to identify and deter staff sexual abuse and sexual harassment	2
Line staff who supervise youthful inmates, if any	0
Education staff who work with youthful inmates, if any	0
Program staff who work with youthful inmates, if any	0
Medical staff	2
Mental health staff	1
Administrative (human resource) staff	1
SAFE and SANE staff	1
Volunteers who have contact with inmates	1
Contractors who have contact with inmates	1
Investigative staff	2
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise inmates in segregated housing	1
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	1
Intake staff	1
Total Staff Interviewed	18

Site Review

Immediately following the opening meeting, a tour of the facilities was completed. The Auditor was escorted throughout the facility by the Deputy Warden/PREA Compliance Manager and the Captain. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards. The telephone lines were tested on all living units for access to outside reporting entities. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

All signs and postings were in both English and Spanish. Some inmates affirmed the ability to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Postings regarding how inmates can report PREA violations and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility.

Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor noticed PREA audit postings were posted well in advance of the on-site visit. Inmate interviews confirmed the placement of the PREA notices. Observations noted during the tour:

- Zero inmates were housed in the restrictive housing unit RHU because of an allegation of sexual victimization during the audit.
- CONNSACS – Connecticut Alliance to End Sexual Violence can be reached by dialing (*9444) and 1-888-999-5545 (English) or 1-888-568-8332 (Spanish); in addition to dialing (*9222#) to reach the CDOC PREA Investigative Unit and (*9333) to reach the Connecticut State Police (CSP) were posted on all living units.
- There are no youthful offenders.

- The Auditor tested telephone access to outside entities to report abuse was available to inmates from the living units.

Inmate Interviews

Interviews were conducted using the Department of Justice (DOJ) protocols to access inmate's knowledge of PREA and the reporting mechanisms available to them.

Category of Inmates Interviewed	# Interviews Conducted
Random inmates	20
Targeted inmates	20
Youthful inmates	0
Total inmates interviewed	40
Targeted Inmate Interviews-Breakdown	# Interviews Conducted
Youthful Inmates	0
Inmates with a Physical Disability	3
Inmates who are Blind, Deaf, or Hard of Hearing	1
Inmates who are Limited English Proficient (LEP)	6
Inmates with a Cognitive Disability	0
Inmates who Identify as Lesbian, Gay , or Bisexual	6
Inmates who Identify as Transgender or Intersex	1
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates who Reported Sexual Abuse that occurred at the Facility	0
Inmates who Reported Sexual Victimization During Risk Screening	3
Total Number of Targeted Inmates Interviews	20

Inmate Correspondence

The Auditor did not receive any correspondence from inmates housed at CCI.

File review

Following the interviews, the Auditor reviewed the files requested during the Pre-Audit phase. The Auditor reviewed 25 staff training records to establish compliance with PREA training mandates. This Auditor confirmed that new employees completed background checks before hire, and all received National Crime Information Clearance before working around inmates. The Auditor reviewed four volunteer files. Screening and intake procedures were evaluated by reviewing 40 inmate files which included vulnerability assessment instrument and inmate education verification documentation.

Closeout

A closing meeting was held with the Auditor and the administrative staff on August 2, 2019 due to a facility wide health related emergency. Discussions centered on the audit process, preliminary findings, and the post-audit process. The Auditor thanked the staff for their participation in the second phase of the audit process.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special

housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Cheshire Correctional Institution confines long-term, adult sentenced offenders. It also operates several specialized housing units, including protective custody and restrictive housing. The facility emphasizes rewards for deserving inmates via opportunities for bettering themselves by learning a trade through prison industries, educational programming, addiction service programming and religious programming. The vocational education programs conduct dozens of projects assisting non-profit and community organizations, which include refurbishment and donation of bicycles to local elementary schools. The Cheshire Reformatory was established by the Connecticut General Assembly in 1909 and opened in 1913 after three years of construction carried out by inmates from the State Prison in Wethersfield. It was designed as a reformatory for male offenders ages 16-24, with the intention of separating these offenders from the adult prison population. The physical plant consists of four inmate housing units and is situated on 25 acres. The cells of the north block galleys were reportedly purchased from Sing-Sing Prison in New York and brought to Connecticut by barge. In the mid-fifties an addition was built. By 1968, Cheshire CI was merged administratively with the newly created Connecticut Department of Correction. In 1982, the mission of the facility was designated to house an adult male population. In 1993, the north block galley closed, and the new North and South Blocks were opened. In 1998 the commissary housing unit opened.

Programs at Cheshire CI

Abuse/Trauma; Anger/Hostility; Education; Education, Employment, and Financial Situation; Employment/Financial; Family; Family and Social Support; Housing Safety; Mental Health; Neighborhood Problems; Parenting; Relationships; Self-Efficacy; Substance Abuse; Substance Abuse and Mental Health

Types: Basic Needs; Behavioral Services; Community Service; Domestic Violence; Education; Employment; Family & Social Services; Medical Services/Treatment; Mental Health Services/Treatment; Re-Entry; Shelter Housing Services; Substance Abuse Services/Treatment; Transportation; Vocational & Educational Services; Wellness Activities

Treatment Type Programs

Aggression Replacement Training (ART); Behavior Modification (BM); Cognitive Behavioral Therapy (CBT); Education (Ed); Family Support (FS); Life Skills (LS); Medical (Med); Mental Health (MH); Reintegration Enhancement/Relapse Prevention (RERP); Substance Abuse (SA); Victim Impact (VI)

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

Corrective Actions (only)

Standard 115.13: Supervision and monitoring

CCI revised the 2019 staffing plan to include the eleven point criteria outlined in Standard 115.13: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The facility provided the Auditor with a copy of the revision to the 2019 Cheshire CI Staffing Plan. Corrected

Standard 115.15: Limits to cross-gender viewing and searches

CCI issued a reminder to all staff to make announcements when entering an opposite gender living unit. The reminder can be issues at roll call, through an electronic platform and during each training opportunity. Furthermore, some inmates complained about being issued a disciplinary report because they failed to coverup when opposite gender staff (non-medical) were walking on the range. Move, because noise is a factor and the placement of the commode in most cells' privacy is a factor. Inmates were encouraged to face toward the window to enhance privacy when on the toilet. Notices were post on each living unit. Corrected

Standard 115.41: Screening for risk of victimization and abusiveness

The Auditor examined 40 inmate institutional files. The Auditor examined 39 inmate institutional files to confirm that initial assessments for victimizations and abusiveness were completed as outline in Standard 115.41 and that reassessments as outline in occurred within 30 days of arrival. A 19-year-old inmate with a history of victimization and his first incarceration was not reassessed or referred to mental health. The inmate denied being victimized while in CCI. He acknowledged receiving PREA education at intake and understood how to report sexual abuse and sexual harassment. Once identified the inmate was immediately interviewed by the counselor and referred to mental health for evaluation. Corrected

Standard 115.42: Use of screening information

The Auditor examined 40 inmate institutional files. Thirty-nine files included initial assessments for victimizations and abusiveness and reassessments within 30 days of arrival. A 19-year-old inmate with a history of victimization and his first incarceration was not reassessed or referred to mental health. The inmate denied being victimized while in CCI. He acknowledged receiving PREA education at intake and understood how to report sexual abuse and sexual harassment. Once identified the inmate was immediately interviewed by the counselor and referred to mental health for evaluation. Corrected

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19, and Connecticut Department of Correction, Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention address the requirements of Standard 115.11.

The agency's zero-tolerance policy against sexual abuse was confirmed during staff interviews. The agency's zero-tolerance toward sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. Deputy Warden, Peterson serves as the PREA Compliance Manager (PCM) and Lieutenant Domitriz is the PREA Liaison for Cheshire Correctional Institution. In addition to the PCM, CDOC has also designated an agency wide PREA Coordinator to ensure adherence to all PREA standards. The Cheshire Deputy Warden/PCM reports directly to the Warden. Zero-tolerance posters are displayed throughout every area of the facility. The agency and facility directives outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and are required to view a video during admission and orientation presentations. Cheshire CI met the requirements for Standard 115.11.

Evidence relied upon to make auditor determination:

1. Cheshire CI Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 1-19
3. Connecticut Department of Correction, Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
4. Employee PREA Training Curriculum and Sign-in sheets
5. Inmate Admission and Orientation (A&O) Handbook
6. Organizational Chart
7. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. Lieutenant Domitriz is the PREA Liaison
 - c. PREA Coordinator

Corrective action: None required

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Corrections (CDOC) and Cheshire Correctional Institution met the requirements of this standard. An interview with the Deputy Warden/PCM, and the PREA Liaison, a review of the PAQ all support that CDOC requires contractual entities which they contract for the confinement of inmates (privatized prisons and/or inmate re-entry centers) to adopt and comply with the PREA standards. A review of the up-loaded documentation confirmed the agency requires contracts with other entities. The contractor is expected to adopt and comply with the PREA standards. The PREA Coordinator, Deputy Warden/PCM confirmed that the agency's contractual agreements were modified effective February 1, 2013, to incorporate the language requiring contractors to adopt and comply with PREA standards. Cheshire CI met the requirements for Standard 115.12.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
3. Sample: Norwalk Economic Opportunities, Inc. Contract Review (Men's Work Release DOC-contracted beds in program: 27)
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Coordinator
 - c. Lieutenant, PREA Liaison

Corrective action: None required

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction and Cheshire Correctional Institution, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention" Section 4, "Staffing Plan", dated 20 July 2015; CDOC Administrative Directive 2.15 "Custodial Staff Deployment" Section 5 "Staffing Plan"; Connecticut Department of Correction, Administrative Directive 6.1, Tours and

Inspections Section 4, “General Principles” and Section 5, “Tours, Inspections and Visits”; and Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 4, “Staffing Plan” collectively address the requirements of this standard.

CDOC requires Cheshire CI to review the staffing plans on an annual basis. Interviews with the Deputy Warden/PCM confirmed compliance with PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans.

Cheshire CI developed, documented, and made its best efforts to comply on a regularly with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse and that fact is indisputable. Problematic was the staffing plan did not clearly address each of the eleven-point factors outlined in Standard 115.13 when calculating adequate staffing levels and other considerations. The Deputy Warden/PCM confirmed that he has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, inmate access to telephones, and staff interviews.

Supervisory/Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted on a weekly basis, with no warning to employees. Cheshire CI has video cameras to augment staff presence, and mirrors. These cameras were pointed out during the tour with the Auditor. The facility utilizes convex mirrors to supplement security in areas where there are complex corners or potential blind spots. The facility deviated from the staffing plan sixteen times. The deviations were all documented. Cheshire CI now meets the requirements for Standard 115.13.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 3 and 10, Section 4 - Staffing Plan, and Section 13 - Staff Monitoring and Intervention (Sexual Abuse)
3. Connecticut Department of Correction, Administrative Directive 2.15. Hazardous Duty Staff Deployment, Section 5 – Staffing Plan
4. Connecticut Department of Correction, Administrative Directive 6.1, Tours and Inspections Section 4, “General Principles” and Section 5, “Tours, Inspections and Visits”
5. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
6. Cheshire Correctional Institution Post and Staffing Plan
7. Officer Unannounced Rounds samples from logbook
8. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Coordinator

Corrective action: The Cheshire CI 2019 staffing plan was amended to include the eleven point criteria outlined in Standard 115.13: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

(11) Any other relevant factors. The facility provided the Auditor with a copy of the revision to the 2019 Cheshire CI Staffing Plan. Corrected

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

CCI does not house youthful inmates. Cheshire CI met the requirements of Standard 115.14.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. 9.2 Offender Classification
3. Daily Population Reports
4. Interview with PREA Compliance Manager

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 – 11; Connecticut Department of Correction, Cheshire C.I. Post Orders; Connecticut Department of Correction, Cheshire CI Post Orders, dated March 3, 2017, titled General Post Orders; Connecticut Department of Correction, Cheshire CI Unit Directive 6.7, Searches

Conducted in Correctional Facilities, pages 1 – 11 and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention collectively address Standard 115.15.

The Auditor observed that each unit has showers with privacy structures. Cheshire CI has procedures in place that enable inmates to shower, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The Auditor noted that inmates are visible from the doorway performing bodily functions. The noise level could be a factor despite any announcement being made upon entering a living unit. The facility has a policy that all staff of the opposite gender working or entering a living unit will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Inmates interviewed 56% during the onsite portion of the audit acknowledged they can shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. While 44 % of inmates sampled indicated that they do not hear staff announcements when the opposite gender enters the living unit. CCI staff (random and specialized), indicated that employees of the opposite gender announce their presence before entering a housing unit.

The Auditor interviewed random and specialized staff to confirm that cross-gender strip and cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Further, the same staff indicated that they received cross-gender pat search training during initial and annual training. More, staff interviewed affirmed that Cheshire CI trains security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All staff (100%) interviewed confirmed that they were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Likewise, all staff (100%) confirmed that if an inmate's genital status is unknown, Cheshire CI would determine the genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Further, random staff (100%) interviewed confirmed the facility has a mandate to document all cross-gender strip searches and cross-gender visual body cavity searches. During the past 12 months, the PAQ indicated there was zero cross-gender strip or cross-gender visual body cavity search of an inmate by a staff member at Cheshire CI. The Deputy Warden/PCM indicated that there were no exigent circumstances in which a cross-gender strip search or cross-gender-body cavity search took place at Cheshire in the past 12-month period. Cheshire is a male designated facility. Cheshire Correctional Institution meets the requirements for Standard 115.15.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 - 11
3. Connecticut Department of Correction, Cheshire Post Orders, dated March 3, 2017, titled A1 Control Officer;
4. Connecticut Department of Correction, Cheshire C.I. Post Orders, dated March 3, 2017, titled General Post Orders;
5. Connecticut Department of Correction, Cheshire CI Unit Directive 6.7, Searches Conducted in Correctional Facilities, pages 1 – 11
6. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12.1, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
7. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)

b. Staff interviews (random and specialized)

Corrective action:

CCI issued a reminder to all staff to make announcements when entering an opposite gender living unit. The reminder can be issues at roll call, through an electronic platform and during each training opportunity. Cheshire also sent a reminder to the inmate population regarding noise levels and listening for alerts when opposite gender staff enter a living unit to optimize privacy considerations for all inmates. Corrected

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing assessments to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient. They have on-going Memorandum of Understandings to provide inmates with needed assistance. The facility is equipped with posters in alternate languages to ensure inmate education.

The facility has a current contract with Language Line Services, Inc. Staff use of inmate language interpreters shall normally be prohibited. Except in exigent circumstances where a delay in obtaining an effective non-inmate interpreter could jeopardize the safety or well-being of any involved party. Delays which may significantly hinder the performance of an employee's duties of information gathering, reporting and/or assisting an alleged victim must be properly documented. Cheshire CI met the requirements of Standard 115.16.

Evidence relied upon to make auditor determination:

- Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- Language Line Services (State Agencies and Political Subdivisions Telephone Translation and Interpretation Services
- Training Curriculum
- Policy 10.12 Inmate Orientation
- Pre-Audit Questionnaire
- Use of Inmate Interpreters-AD 6.12
- Interview with inmates and staff
- Interview with PREA Compliance Manager
- Observations of Auditor during the on-site portion of the Audit
- Review of various forms translated into languages other than English and for those with disabilities

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 4, Section 6 Staff Selection, and page 5, Section 7, Staff Promotion and Section 8, Selecting Contractors, Vendors and Volunteers and Connecticut Department of Correction, Cheshire Unit Directive 2.3, Policy 0.19 Americans with Disabilities Act, Employee Selection, Transfer and Promotion both address Standard 115.17.

Employment with the CDOC is subject to satisfactory completion of a background investigation to determine suitability for employment as a law enforcement official. Background investigations includes law enforcement and criminal record checks, credit checks, and inquiries with previous employers and personal references. Suitability determinations are made on a case-by-case basis and are based upon an individual's character or conduct that could affect how the agency accomplishes its duties or responsibilities.

A Human Resources representative confirmed that the agency centrally initiates and coordinate all recruitment activities in conjunction with the CDOC Affirmative Action Unit. All applications are processed by the Human Resources Unit prior to hiring consideration by the approving Unit Administrator or higher authority. Information on recruitment activities are logged on the applicant flow sheet for forwarding to the Affirmative Action Unit for review. At a minimum, when an applicant is an ex-inmate and/or has any criminal history, the selection process shall include guidelines such as:

- an applicant with an undeclared criminal history shall not be considered
- an applicant who is known by the Connecticut Department of Correction to have previously engaged in sexual abuse and/or sexual harassment in an institutional setting shall not be considered for hiring.

The HR representative indicated as outlined in Cheshire CI Unit Directive 2.3, Employee Selection, Transfer and Promotion, CDOC will not hire anyone who may have contact with inmates who is known to the Department of Correction to have:

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

Before hiring new employees, who may have contact with inmates, the Connecticut Department of Correction shall:

- Perform a criminal background check; and
- Consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of resident or detainee sexual abuse/harassment or any resignation pending an investigation of such allegations.
- CDOC ask the applicant in a written application or interview directly about whether they have been found to have engaged in sexual abuse/harassment in a prison, jail, lockup, community confinement facility, juvenile facility, institution housing persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or providing skilled nursing or intermediate or long-term care or custodial or residential care.

Material omissions regarding such misconduct, or the provision of materially false information regarding such misconduct may be grounds for termination.

The Deputy Warden/PCM indicated after closure of an investigation when applicable, Cheshire CI would notify the appropriate licensing and certifying agencies when professional employees are terminated for substantiated allegations of sexual abuse/sexual harassment. Documentation on file supports a finding that the facility follows this standard. Cheshire Correctional Institution met the requirements for Standard 115.17.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire

2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, pages 4, Section 6 Staff Selection, and page 5, Section 7, Staff Promotion and Section 8, Selecting Contractors, Vendors and Volunteers.
3. Connecticut Department of Correction, Cheshire Unit Directive 2.3, Employee Selection, Transfer and Promotion
4. Interviews with the following:
 - a. Human Resource Manager
 - c. Deputy Warden, PREA Compliance Manager (PCM)
5. Policy 2.3 Employee Selection, Transfer and Promotion
6. Policy 0.19 Americans with Disabilities Act
7. Interview with contractors/volunteer
8. Reviewed a sample Application for Clearance

Corrective action: None required

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies both address Standard 115.18.

Cheshire CI utilizes an electronic camera system for video surveillance. Cameras are placed strategically throughout the complex to ensure the safety and security of both inmates and staff. The PAQ indicated that since the last PREA audit there were no substantial expansions, modifications, or updates to the existing facility. The PCM affirmed that Cheshire CI would consider how video technology could enhance the agency's ability to protect inmates from sexual abuse. More, the PCM also confirmed the addition of cameras in store preparation area to enhance PREA prevention and detection of sexual abuse and sexual harassment. Cheshire Correctional Institution met the requirements for Standard 115.18.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 20, Upgrades to Facilities and Technologies
4. Auditor's observations during the facility tour
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)

Corrective action: None required

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CDOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Evidence Protocol/Securing the Area; Administrative Directive 6.9, Control of Contraband and Physical Evidence, Physical Evidence; Administrative Directive 8.1 Scope of Health Service Care, Scope of Services and Access To Care and University of Connecticut Health Center (UConn) Correctional Managed Health Care (CMHC), Policy B5.01, Response to Sexual Abuse; and Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Medical Staff Action and Evidence Protocol/Securing the Area all collectively address Standard 115.21.

CDOC does not conduct criminal investigation according to the PREA Coordinator. The CDOC PREA Unit is responsible for investigating administrative allegations of sexual abuse in the facility. The protocol is developmentally appropriate for youthful inmates when applicable. Further, the protocol, as appropriate, was 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. Through a MOU agreement with the Connecticut State Police conducts criminal investigations that follows the PREA guidelines. The PREA Unit follows the requirements for investigating administrative allegations.

The agency offers all inmates who experience sexual abuse access to forensic medical examinations off-site, without financial cost, where evidentiary or medically appropriate. The facility currently has a Memorandum of Understanding, Connecticut Sexual Assault Crisis Services, INC. and with the Connecticut Department of Emergency Services and Public Protection. A call was made to the service provider. The Auditor verified that facility currently have a MOU.

The services provided are as follows:

Examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs); SAFEs or SANEs are available 24 hours and seven days a week (documented in the MA); provides the inmates with Victim Advocacy, emotional support, crisis intervention, information, and referrals. In the event a sexual assault took place at CCI the Connecticut State Police (CSP) would be immediately and they would also report to the John Dempsey Hospital (University of Connecticut (UCONN) Medical Center or a local hospital dependent on the nature and severity of the medical emergency. There was zero forensic medical examination during this reporting period.

Random and specialized staff interviews confirmed their knowledge of the Memorandum of Agreement (MOU) and each staff member (100%) were able to verbalize who the agreements were with and what services are provided by the advocacy organizations. Likewise, inmates sampled (100%) knew of the services offered by the advocacy organizations but not the specific name of the advocacy group. The inmates were able to describe in detail how they could obtain additional information on victim advocacy if needed. Cheshire CI met the requirements with of Standard 115.21.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Policy 8.1, Scope of Health Services Care
- PREA Investigation Unit
- MOU Connecticut Sexual Assault Crisis Services, INC
- Policy 6.9 Collection and Retention of Contraband and Physical Evidence
- Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- Policy B 5.01 Response to Sexual Abuse
- Interviews with staff (random and specialized)
- Telephone conversation with staff from the outside entity providing services
- Interviews with PREA Compliance Manager and Coordinator
- Memorandum of Agreement, Connecticut Department of Emergency Services and Public Protection

Corrective action: None required

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations, paragraph 4, Criminal Investigations; Connecticut Department of Connecticut, Administrative Directive 6.6, Reporting

of Incidents; Connecticut Department of Connecticut, Administrative Directive 6.9, Collection and Retention of Contraband and Physical Evidence; Connecticut Department of Connecticut, Administrative Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, 16. Investigation of Sexual Abuse/Sexual Harassment collectively address the requirements of Standard 115.22.

CDOC has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. CDOC published such policy on its website which was confirmed by the Auditor. Further, all referrals are documented by the CDOC PREA Unit. CDOC has a MOU with the Connecticut State Police with the legal authority to conduct criminal investigations. CDOC also has a supporting policy that ensures the preservation of evidence (6.9 Collection and Retention of Contraband and Physical Evidence). CDOC ensures an administrative or criminal investigation is completed for all allegations of sexual harassment. The Auditor confirmed by examination that Cheshire CI has a practice that documents all such investigations. During the past 12 months, CCI received 8 allegations of sexual abuse and sexual harassment with one allegation referred for criminal investigation. The Auditor confirmed that each investigative closure was followed by a written notification to the inmate (s) identified as the victim in the incident. Cheshire CI met the requirements of Standard 115.22.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
3. Policy 6.6 Reporting of Incidents
4. Review of investigation files
5. Interview with PREA Coordinator
6. Interview with the PREA Investigator
7. Review of the agency website
8. Interview with PCM/Deputy Warden
9. Interviews with random staff
10. Memorandum of Understanding with the Connecticut State Police

Corrective action: None required

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum; Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9, page 6, Staff Training Curriculum; and Connecticut Department of Connecticut Administrative Directive 2.7, Training and Staff Development collectively address the requirements of Standard 115.31.

Random training files were reviewed. All training files (100%) reviewed reflected that the staff received the appropriate training. Of these random files those requiring refresher training had received training yearly. The training curriculums provided by the facility tailor to the unique needs and attributes of inmates. CDOC trains all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Furthermore, staff interviewed confirmed that training also includes topics such as; inmates' right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired employees must attend and successfully complete the course curriculum. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities. All staff are mandated to receive training annually and the curriculum includes an extensive review of PREA requirements. Training curriculum, training sign-in sheets, and other related training documentation were reviewed by the Auditor.

CDOC trains all employees regarding the facility and agency policies to include:

- Zero Tolerance Policy for sexual abuse and sexual harassment
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
- Inmates' right to be free from sexual abuse and sexual harassment

- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- The dynamics of sexual abuse and sexual harassment in confinement
- The common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with inmate
- How to communicate effectively and professionally with inmates that self-identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Interviewed staff (random and specialized) verified the requirement to acknowledge, in writing, not only that they received the PREA training, but that they understood it. Cheshire CI met the requirements of Standard 115.31.

Evidence relied upon to make auditor determination:

1. Policy 7, Training and Staff Development/ Inmate Sexual Abuse
2. Policy 6.12, Sexual Harassment Prevention and Intervention
3. Training Module HREL 408A PREA
4. Receipt of Acknowledgment
5. Pre-Audit Questionnaire
6. Auditor review of training Files
7. Auditor review of training curriculum / Brochures
8. Interviews with staff (random and specialized)
9. Interview with PREA Compliance Manager

Corrective action: None required

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; and Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers collectively address the mandates of this standard.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection. CCI provides training in the form of pamphlets, PowerPoint presentation and a volunteer/contractor handbook. The development of a PREA PowerPoint presentation confirms the training is provided to contractors and volunteers. The training provided by CCI addressed the responsibilities of contractors and volunteers to prevent, detect and report any allegation of sexual abuse or sexual harassment. The curriculum the agency utilized for training provide the level and type of training that is based on the services they provide and level of contact they have with inmates. The curriculum also covers the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Cheshire CI met the requirements of Standard 115.32.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
3. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
4. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 6 D, page 6, Volunteers
5. VIP (Volunteers, Interns, Professional Partners) Handbook
6. Interviews with the following:

- a. Deputy Warden, PREA Compliance Manager (PCM)
- b. Volunteers/Contractors

Corrective action: None required

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education; Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education; Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates; Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers; Connecticut Department of Connecticut, Administrative Directive 10.12, Section 3, Initial Orientation; and the Inmate A&O Handbook (English) explaining how to report incidents or suspicions of sexual abuse or sexual harassment collectively address the requirements of this standard. Advocacy information was posted in each living unit near the telephones for easy accessibility.

After receiving orientation and inmate education, each inmate signed an acknowledgement education training form addressing the mandates of Standard 115.33. Cheshire CI puts forth its best efforts to

educate the inmates regarding PREA. Inmates receive information during the intake process including a pamphlet and inmate handbook, printed in English and Spanish. Cheshire CI documents inmate trainings in the inmate's base and clinical files. The files were reviewed to verify that inmates received information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment during their intake process. The handbooks and brochure covered how to report incidents or suspicions of sexual abuse or sexual harassment. The information was also provided for those who are limited English proficient, deaf, visually impaired or otherwise disabled. The information was age appropriate and based on the Interview guides for inmates. The inmates were knowledgeable of their rights.

Within 30 days of intake, does the agency provide age-appropriate comprehensive education to inmates in person regarding; their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents. This was verified through the review of the inmates' clinical and institutional files.

In addition to providing such education CDOC ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks and informal PREA groups. The Auditor observed posters were displayed in Spanish and English and they were posted throughout the facility. The facility met the requirements of Standard 115.33.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education
3. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, Inmate Education
4. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 5 J, page 5, PREA Screening of Newly Admitted Inmates
5. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7, page 8, Transfers
6. Connecticut Department of Connecticut, Administrative Directive 10.12, Section 3, Initial Orientation
7. Inmate Admission and Orientation (A&O) Handbook and Handbook Addendum
8. Auditor tour and observation
9. Interviews with the following:
 - a. Inmates (random and Targeted)
 - b. Deputy Warden, PREA Compliance Manager (PCM)
 - c. Lieutenant, PREA Liaison
 - d. Staff (Intake)

Corrective action: None required

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment; Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations Section 11, page 6, Training collectively met the requirements of this standard.

In addition to the general training provided to all CDOC employees pursuant to §115.31, CDOC ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such 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 investigating an incident of sexual abuse or sexual harassment. The PREA Coordinator indicated during his interview that investigators are trained through the Connecticut Department of Correction and the National Institute of Correction (NIC).

The CDOC curriculum for training outline provided included; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, how to properly conduct interviews, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. Cheshire CI does not conduct investigations of sexual abuse. The Connecticut State Police formally investigates allegations that meet the criteria of abuse, neglect, or criminal allegations, and the State Police has a standing MOU with all CDOC facilities including Cheshire CI. Policy (1.10) Investigations/lesson Plan, addresses the agency's approach to this standard.

The CDOC PREA Unit conducts investigations into the administrative aspects of sexual abuse investigations. This inquiry is informal and is only conducted to determine staff misconduct. These aspects include determining whether staff actions or failure to act contributed to the abuse and the investigation shall be documented in comprehensive written reports. If criminal involvement is founded the investigation is referred for criminal charges. The investigators (100%) has been trained on conducting sexual abuse investigations. Documentation of the completed training is maintained by the CDOC PREA Unit. The CDOC PREA Investigative Unit has three (3) trained PREA investigators. Cheshire CI met the requirements for Standard 115.34.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
3. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
4. Connecticut Department of Connecticut, Administrative Directive 1.10, Investigations Section 11, page 6, Training
5. Training Logs/Records of Investigative Staff
6. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Coordinator

- c. Staff (random and specialized)
- d. Certificate of Completion (NIC)
- e. Lieutenant, PREA Liaison

Corrective action: None required

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees; Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training; and Connecticut Department of Connecticut, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff collectively address the requirements of the standard.

The Auditor confirmed by examination that Cheshire CI trains staff on Addressing Sexual Abuse & Harassment of Inmates Medical & Mental Health Staff Training on the facility (6.12) Inmate Sexual Abuse/ Sexual Harassment Prevention and Intervention policy.

The medical staff at Cheshire CI do not conduct forensic examinations. Exams are conducted in a local hospital with a qualified Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). The examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations. Cheshire CI maintains documentation that medical and mental health practitioners have received the specialized training referenced in Standard 115.35. Training rosters, staff meetings sign in sheets and acknowledgments was submitted to the Auditor for her review. CDOC ensures all full and part-time medical and mental health practitioners, who work regularly in its facilities, have been trained according to the practitioner's status in the

agency. All mental health and medical staff (100%) have received the required specialized training on victim identification, interviewing, reporting and clinical interventions.

The Auditor confirmed by examination that Cheshire Correctional Institution employees receive training annually. Support documentation was reviewed by the Auditor on site and is on file at the facility. Medical and mental health staff interviewed acknowledged completing specialized training for medical and mental health providers. The same staff also signed written acknowledgement forms acknowledging that they received and understood the training as it relates to PREA. Furthermore, interviews with medical and mental health staff confirmed awareness of their responsibilities to detect, assess signs of sexual abuse and sexual harassment, preserve physical evidence of sexual abuse and how to respond and report PREA related incidents. Cheshire Correctional Institution met the requirements for Standard 115.35.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 2.7, Training and Staff Development Section 8 C, page 7, All Employees
3. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
4. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 9 B, page 6, In-Service Training
5. Connecticut Department of Connecticut, Administrative Directive 8.6, Credentials for Health Services Staff, Section 6, Training of Health Services Staff
6. Staff Training Agenda 2018 Annual Refresher Training
7. Training Logs/Records for Medical and Mental Health Practitioners
8. Interviews with the following:
 - a. Medical and Mental Health Staff
 - b. Specialized medical and mental health staff
 - c. Staff (random and specialized)
 - d. PREA Coordinator
 - e. Deputy Warden/PCM
 - f. Lieutenant, PREA Liaison

Review of Training Certifications for all medical and mental health staff

Corrective action: None required

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility; Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility; and Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, PREA Screening of Inmates Transferred Between Facilities collectively address the requirements of Standard 115.41. CDOC and Cheshire CI policies require the use of a screening instrument to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at a high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Cheshire assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.

Interviews with staff and inmates (targeted and random) confirmed that intake screenings are conducted within 72 hours of the inmate's arrival at the facility. In addition, during intake screening, procedures require staff to 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.

Cheshire CI utilizes a CDOC PREA Screening Form (CN 9306/2) as the objective screening instruments to screen for risk of victimization and abusiveness. Staff interviews and documentation review confirmed that the CN 9306/2 form included the required information outlined in Standard 115.41. Documentation confirmed that inmate reassessment for risk of victimization and abusiveness were conducted within 30 days of arrival or when warranted. Review of (40) inmate institutional files were sampled to confirm compliance with Standard 115.41 during the onsite portion of the audit. CDOC form CN9306, Initial Inmate Intake Screening Form, Part V, PREA Adult Screening Form contained all questions required by Standard 115.41 (c) 1-10 and included assessment considerations criteria to assess inmates for risk of sexual victimization using an objective screening instrument. The instrument also considers prior acts of sexual abuse, prior convictions for violent offenses and any history of prior institutional violence of sexual abuse. Interviews with Unit Team staff confirmed they are understanding that within 21 days from the inmate's arrival at the facility the inmate would undergo a reassessment for risk of victimization or abusiveness based upon new information that could impact the inmate's risk of sexual victimization or abusiveness. An interview with the Deputy Warden/PCM

confirmed that CCI does not discipline inmates for refusing to answer, or for not disclosing complete information in response to questions asked.

More, the CDOC/Cheshire CI policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusive behavior within 72 hours of their intake. Based on the review of institutional files the Auditor confirmed that Cheshire CI is conducting the screening upon intake. Likewise, through inmate interviews The Auditor confirmed that inmates are being screened during the intake process for risk of victimization or abusiveness by Cheshire CI staff. Interviews with targeted and random inmates denied being disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in 115.41 section (d). Examples of the PREA screening assessments were uploaded in 115.41 (b) 1 to verify the use of an objective screening instrument. The institutional and clinical files documented that the assessments were conducted in a timely manner. Moreover, through record review the facility demonstrates inmates were screened again within thirty (30) days. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff and a random review of 30 risk screening assessments support the finding that the facility follows Standard 115.41.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
3. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
4. Connecticut Department of Connecticut, Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges, Section 7 A-3, page 8, PREA Screening of Inmates Transferred Between Facilities
5. HR001 Intake Screening Form
6. CN 9306 PREA Screening Form
7. Interviews with the following:
 - a. Medical staff
 - b. Staff (random and specialized)
 - c. Unit Team members
 - d. Inmates (random and targeted)
 - e. PREA Compliance Manager
 - f. Lieutenant, PREA Liaison

Corrective action: The Auditor examined 40 inmate institutional files. Thirty-nine files included initial assessments for victimizations and reassessments within 30 days of arrival. A 19-year-old inmate with a history of victimization was not reassessed or referred to mental health. Once identified the inmate was immediately interviewed by the counselor and referred to mental health for evaluation. A second interview with the inmate confirmed that he was seen by mental health for an evaluation but declined their services. Corrected.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information; Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates; Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information; and Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates collectively address the requirements of this standard.

Connecticut Department of Correction Administrative Directive 6.12 requires Cheshire CI to use information from the risk screening instrument 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. Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information requires Cheshire to make individualized determinations about how to ensure the sexual safety of each inmate. Staff interviewed confirmed that they understood their responsibility to adhere to Administrative Directive 6.12 and Standard 115.42.

Housing and program assignments at Cheshire Correctional Institution are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. The Auditor interviewed random and targeted inmates during the onsite audit. Targeted inmate interviewed during the audit denied being placed in a dedicated living unit because of their gender identity, whether the inmate is or was perceived to be gay, bisexual, transgender, intersex, or gender nonconforming. The Deputy Warden/PCM confirmed Cheshire CI was not operating under a consent decree, legal settlement, or legal judgment that required the facility to establish a dedicated facility, unit, or wing for gay, bisexual, transgender, or intersex inmates.

All staff interviewed to include the Deputy Warden/PCM each confirmed during individual interviews that a transgender or intersex inmate would be reassessed twice a year to review any threats to safety experienced by the inmate. Serious consideration would be given by staff of these inmates with respect to their own safety. Additionally, transgender or intersex inmates would be given the opportunity to shower separately from other inmates. Staff and inmate interviews, the review of supporting documentation and the Auditor's observations confirm that the facility follows Standard 115.42. CDOC/Cheshire CI uses information from the risk screening required by Standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping all inmates safe and free of abuse.

All inmates are given the opportunity to shower in private. The facility states that they do not use isolation unless it is the last resort. However, there is policy uploaded in section 115.42 (b)-1 in the event isolation is a need as a last resort when less restrictive measures are inadequate to keep them and other inmates safe, and then only until an alternative means of keeping all inmates safe can be arranged. Inmates also have the right to refuse. Cheshire Correctional Institution met the requirements for Standard 115.42.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information

3. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates
4. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 C, page 9, Use of Screening Information
5. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11 D, page 9, Transgender and Intersex Inmates
6. Interviews with the following:
 - a. Staff (random and specialized)
 - b. Inmates (random and Targeted)
 - c. Review of facility schematics
 - d. Deputy Warden, PREA Compliance Manager (PCM)
 - e. Lieutenant, PREA Liaison
 - f. Auditor observation

Corrective action: The Auditor examined 40 inmate institutional files. Thirty-nine files included initial assessments for victimizations and reassessments within 30 days of arrival. A 19-year-old inmate with a history of victimization was not reassessed or referred to mental health. Once identified the inmate was immediately interviewed by the counselor and referred to mental health for evaluation. A second interview with the inmate confirmed that he was seen by mental health for an evaluation but declined their services. Corrected.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility and Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility both address the requirements of this Standard 115.43.

CDOC policy states that inmates at high risk for sexual victimization shall not be placed in the Restrictive Housing Unit (RHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. More, the facility has a policy prohibiting the placement of inmates at high risk for sexual victimization in RHU as the first resort to secure their safety. If a victim is placed in RHU the PCM confirmed that the inmate would be reassessed every seven days after entering the RHU. The Deputy Warden/PCM confirmed during his interview that in the past 12 months zero inmates were placed in involuntary segregated housing at CCI. More, the Deputy Warden/PCM indicated that the facility could hold an inmate in PREA segregated status for no more than 24 hours while staff completed an assessment with the required documentation. The document, Safeguarding of Inmates Alleging Sexual Abuse/Assault Allegation Form would document to notate consideration of all appropriate alternatives for safeguarding the alleged inmate victim. Interviews with an officer and a Lieutenant who supervise inmates in segregation for protection explained that CCI make its best effort to provide programs, privileges, education and work to the extent possible given security constraints.

The Auditor also interviewed custody staff who supervised inmates in RHU. They denied the placement of inmates at high risk for sexual victimization were being placed in RHU as a first choice. There were no inmates at risk of sexual victimization who were assigned to the RHU during the onsite portion of the audit. Specialized staff (medical and mental health) indicated that if a victim was placed in RHU she would be seen by staff at least weekly and more frequently if necessary. Interviews with staff, an examination of the RHU operations during the facility tour and an examination of policy/documentation confirmed that Cheshire Correctional Institution met the requirements for Standard 115.43.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
3. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 11, page 7, Screening for Risk and Abusiveness and subsection B, After Intake to the Facility
4. Interviews with the following:
 - a. Segregated Housing Officers
 - b. Staff (random and specialized)
 - c. Inmates (random and Targeted)
 - d. RHU staff
 - e. Deputy Warden, PREA Compliance Manager (PCM)

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education; Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment; Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse); PREA Notices; and the Inmate A&O Handbook collectively address the requirements of the standard.

A review of supporting documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility which also explain reporting methods. During a tour of the facility, the Auditor observed a row of telephones on each housing unit. The Auditor tested phones on every living unit for accessibility to third-party reporting entities. The Connecticut State Police will accept calls from inmates alleging sexual abuse or sexual harassment and immediately forward inmate reports of sexual abuse and sexual harassment to CT DOC officials, allowing the inmate to remain anonymous if requested. Cheshire CI has reporting, and advocacy information displayed near the bank of telephones. Cheshire CI provides multiple ways for inmates to privately report sexual abuse and sexual harassment. Interviews with random and targeted inmates that each inmate (100%) could give examples of at least two methods of privately reporting sexual abuse or sexual harassment such as:

1. Reporting to any staff member either verbally or in writing (verbal reports must be documented promptly);
2. Calling the PREA hotline;
3. Writing an inmate request;
4. Writing an anonymous note;
5. Calling the Connecticut State Police;
6. Inmates detained solely for civil immigration purposes may also Contact any relevant consular officials and relevant officials at the United States Department of Homeland Security.

Staff members interviewed during the audit were aware of their responsibility to promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse. Family and friends of inmates may report sexual abuse/sexual harassment by using the CDOC website, phoning the CDOC Investigative Unit or CSP, or contacting facility staff. The PCM confirmed that there were zero Inmates at Cheshire Correctional Institution detained solely for civil immigration purposes. Interviews with staff and inmates, observations of posters addressing reporting methods, and an examination of

policy/documentation confirmed that Cheshire Correctional Institution met the requirements for Standard 115.51.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education
3. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
4. Connecticut Department of Connecticut, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
5. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 10, page 7, Inmate Education
6. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
7. Connecticut Department of Connecticut, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
8. CDOC PREA zero tolerance Policy poster (English)
9. CDOC PREA zero tolerance Policy poster (Spanish)
10. Inmate A&O Handbook and Addendum
11. Auditor's observations during the facility tour
12. Interviews with the following:
 - a. PREA Coordinator
 - b. Deputy Warden, PREA Compliance Manager (PCM)
 - d. Staff (random and specialized)
 - e. Inmates (random and targeted)
 - f. Lieutenant, PREA Liaison

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure and the Administrative Remedy Form CN 9602 both address the requirements of this standard. The policy requires that all PREA grievances be processed in accordance with 115.52 (a-f).

Filing Grievance:

- Staff interviews confirm that if a resident file 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.
- An interview with the Grievance Officer indicated that computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.
- CDOC policy requires CCI to notify the inmate in writing when the facility request an extension. 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. The Deputy Warden/PCM confirmed that CDOC does impose timelines for any portion of a grievance that does not allege an incident of sexual abuse.

Moreover, CDOC has an administrative procedure for dealing with inmate grievances regarding sexual abuse outlined in Policy (9.6) Inmate Administrative Remedies. Cheshire CI provided documentation to support this standard. Although CDOC/Cheshire administrative directive doesn't specifically outline that an inmate can submit a grievance regarding an allegation of sexual abuse. In practice, the Auditor confirmed that CDOC and Cheshire CI accepts all allegations of sexual abuse /sexual harassment from any source. The administrative remedies policy indicates the following:

"The Department of Correction shall provide a means for an inmate to seek formal review of an issue relating to any aspect of an inmate's confinement that is subject to the Commissioner's authority. The Inmate Administrative Remedies Process enables the Department to identify individual and systemic problems, to resolve legitimate complaints in a timely manner and to facilitate the accomplishment of its mission." Policy 9.6, Inmate Administrative Remedies dated 11/27/2012, outlines the Inmate Grievance Procedure in Section 6 of this directive.

Further, inmates may file a grievance, however, all allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, policy prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. This may be accomplished by completing and depositing form CN 9602, Inmate Administrative Remedy Form, in the Administrative Remedies box. Allegations of physical abuse by staff shall be referred to the PREA Investigative Unit, in accordance with procedures established for such referrals. Policy addresses the filing of emergency administrative remedy requests. The Deputy Warden/PCM indicated that if an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse; an expedited response is required to be provided within 48 hours. CDOC best efforts are made to provide expedited appeal responses within five calendar days.

If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger, if the remedy became known at the institution, the inmate may submit the remedy directly to the PREA Coordinator. Third parties, including fellow inmates, staff members, family

members, attorneys and outside victim advocates shall be permitted in assisting inmates to file administrative remedies related to allegations of sexual abuse. During the onsite audit the Deputy Warden/PCM confirmed information contained in the PAQ (Standard 115.52) indicating there were zero grievances filed involving PREA related issues during the past 12 months. There were zero grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were zero grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Generally, disciplinary action would be taken if a grievance was filed in bad faith. Cheshire Correctional Institution met the requirements for Standard 115.52.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Connecticut, Administrative Directive 9.6, Inmate Administrative Remedies, Section 6, page 5, Inmate Grievance Procedure
3. Interviews with the following:
 - a. Staff (random and specialized)
 - b. Inmates (random and Targeted)
 - c. Deputy Warden, PREA Compliance Manager (PCM)
 - d. Investigative files

Corrective action: None required

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education and Connecticut Department of Correction, Cheshire Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education both address the requirements of Standard 115.53.

The facility has a MOU with a local victim advocacy group. The Auditor reviewed the signed MOU. The inmate handbook provides the contact information for alternate services and the information is also posted in each housing unit. The Auditor noted during her tour of the facility that victim advocacy information was displayed on each living unit.

Cheshire CI provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The contact information is posted throughout the facility. These posters were observed displayed on the walls of every living unit during the tour of the facility in accordance with 115.53 (a)-2. The facility maintains copies of the agreement with the Connecticut Sexual Assault Crisis Services, INC

A call was made verifying that the Memorandum of Agreement was still in place. A copy of this agreement was uploaded to section 115.53 (c)-4 by Cheshire CI. During interviews with Random and targeted inmates (100%) confirmed knowledge of how to report sexual abuse and sexual harassment and their knowledge of their right to be free from abuse. Cheshire CI met the requirements of Standard 115.53.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire

2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, page 7, Inmate Education
4. MOU between Cheshire Correctional Institution and Connecticut Alliance to End Sexual Violence (CONNSACS)
5. Inmate Handbook (English)
6. Inmate Handbook (Spanish) supplemental addendum
7. Inmate Handbook Addendum
8. Interviews with the following:
 - a. Staff (random and specialized)
 - b. Inmates (random and targeted)
 - c. Deputy Warden, PREA Compliance Manager (PCM)

Corrective action: None required

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page

9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment all address the requirements of Standard 115.54.

Cheshire CI Inmate A&O Handbook (English), PREA posters (English and Spanish), CSP address, CDOC website, and the Connecticut Alliance to End Sexual Violence (CONNSACS) MOU collectively meet the mandates of Standard 115.54. The CDOC website, posted notices (inside living units and visiting room) and the Cheshire CI Inmate A&O Handbook provide inmates with contact information to the Connecticut State Police (*9333#), toll free numbers to CDOC (*9222#), and Connecticut Alliance to End Sexual Violence (CONNSACS) (*9444) and their 24 Hour Hotline (1-888-999-5545/English or 1-888-568-8332/Spanish). The website and posted notices assist third party reporters in reporting allegations of sexual abuse/sexual harassment. The inmates interviewed indicated they were aware of third-party reporting methods and would probably feel more comfortable reporting an incident of sexual abuse to someone outside the facility. RAINN, a National Sexual Abuse Hotline (800-656-HOPE) is also available to the inmate population for reporting incidents of sexual abuse/sexual harassment.

The facility accepts all third party reports of inmate sexual abuse or sexual harassment. The facility established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the facility website. The facility distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate on their website. The website provides contact information as well as whom the third party reporter will speak to. Cheshire Correctional Institution met the requirements for Standard 115.54.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, page 9, Inmate and Third-Party Reporting of Sexual Abuse and Sexual Harassment
4. MOU between CDOC/Cheshire Correctional Institution and Connecticut Alliance to End Sexual Violence (CONNSACS)
5. CDOC website
6. Inmate Handbook (English)
7. Inmate Handbook (Spanish) supplemental addendum
8. Interviews with the following:
 - a. Staff (random and specialized)
 - b. Inmates (random and targeted)
 - c. Deputy Warden, PREA Compliance Manager (PCM)

Corrective action: None required

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents and Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) both address Standard 115.61. More, Administrative Directive 6.6, Reporting of Incidents, outlines the levels or classifications of inmate disciplinary violations. Class 1 Incidents include sexual abuse with immediate evidence that it occurred; Class 2, where there is sexual abuse, however, there is no immediate evidence that it occurred; and Class 3; sexual harassment. CDOC policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident.

CDOC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. Likewise, CDOC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment. Further, CDOC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?

Staff, contractors and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Staff (random and specialized) members interviewed were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to the PREA standards. The PCM indicated that unless otherwise precluded by Federal, State, or local law, CDOC medical and mental health providers at Cheshire CI are required to report sexual abuse pursuant to Standard 115.61. More, CDOC/Cheshire CI medical and mental health providers affirmed that they are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Cheshire CI staff would typically report allegations of sexual abuse to the Shift Commander, Lieutenant or Captain, but reports can also be made privately or by a third party to any member of management or other to a victim advocacy organization. A review of applicable policies and interviews with staff confirm that Cheshire CI met the requirements for Standard 115.61.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
5. Interviews with the following:

- a. Staff (random and specialized)
- b. Inmates (random and targeted)
- c. Interview with the Deputy Warden, PREA Compliance Manager (PCM)
- d. Interview with the PREA Coordinator

Corrective action: None required

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness both address the requirements of Standard 115.62.

Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention requires staff to take immediate action to protect an inmate when she is identified as being subject to substantial risk of imminent sexual abuse. Staff (random and specialized) members interviewed aware of their duties and responsibilities when they become aware or suspect that an inmate is being sexually abused or sexually harassed.

All staff (random and specialized) indicated they would act immediately to protect the inmate, including separating the victim/predator, securing the scene to protect possible evidence, preventing the

destruction of potential evidence and contacting the Shift Supervision, Lieutenant, Deputy Warden/PCM and medical staff.

During the Auditor interview the Deputy Warden/PCM confirmed information contained in the PAQ that in the past 12 months, there were zero instances in which Cheshire staff determined that an inmate was subject to a substantial risk of imminent sexual abuse. Cheshire Correctional Institution met the requirements for Standard 115.62.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7, Screening for Risk of Victimization and Abusiveness
4. Connecticut Department of Correction, Administrative Directive 9.9 Protective Management, Section 6, Determination of Substantial Risk
5. Interviews with the following:
 - a. Staff (random and specialized)
 - b. Inmates (random and targeted)
 - c. Deputy Warden, PREA Compliance Manager (PCM)

Corrective action: None required

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse); and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) collectively address the requirements of Standard 115.63.

Policy requires that any inmate allegation of sexual abuse occurring while confined at another facility be reported to the Warden of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. The Auditor interviewed the Deputy Warden/PCM to established procedures that require the Warden to immediately notify the Chief Executive Officer of the other confinement facility, in writing, of the nature of the sexual abuse allegation. When the inmate reports sexual abuse/sexual harassment from state, non-bureau privatized facilities, jails, juvenile facilities, or inmate reentry centers, the Warden contacts the appropriate office of the facility and/or notifies the CDOC PREA Investigative Unit, if appropriate. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. In the past 12 months, Cheshire Correctional Institution received two (2) allegations of victimization from inmates that they were abused while confined at another facility. In each incident, CCI notified the facility or entity identified by the inmate of the allegation. The Auditor examined the written notifications on site. Cheshire Correctional Institution met the requirements for Standard 115.63.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.6 Reporting of Incidents
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Coordinator

Corrective action: None required

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse) both address the requirements of Standard 115.64.

Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period of time that still allows for the collection of physical evidence; request the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Staff interviews revealed a clear understanding of the actions to be taken upon learning that an inmate was sexually abused. The Deputy Warden/PCM confirmed that in the past 12 months, the number of allegations that an inmate was sexually abused: 1.

All staff (random and specialized) interviewed were extremely knowledgeable concerning their first responder duties and responsibilities upon learning of an allegation of sexual abuse/sexual harassment. Staff (random and specialized) indicated they would separate the inmates, protect the victim, secure the crime scene, prevent the destruction of usable physical evidence, and contact the Shift Commander, Lieutenant, Deputy Warden/PCM, and medical and mental health staff. The Shift Commander, Lieutenant or Captain would also be responsible for protecting the inmate and notify medical, mental health, and administrative/executive staff. Interviews with staff (random and specialized) (100%) confirmed that each staff member understood their responsibility as a first responder as outlined in Standard 115.64 (a-b). Cheshire Correctional Institution met the requirements for Standard 115.64.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, page 10, Staff Monitoring and Intervention (Sexual Abuse)
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. Shift Commander (intermediate or upper-level manager)
 - c. Staff (random and specialized)
 - d. PREA Coordinator
 - e. PREA Investigator
 - f. First Responder (security)
 - g. First Responder (non-security)
 - h. Lieutenant, PREA Liaison

Corrective action: None required

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The procedures in facility 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Outline the written plan that coordinates actions to be taken in response to an incident of sexual assault among staff first responders, medical and mental health care practitioners, and facility leadership.

CDOC Incident Report or Sexual Allegation of Sexual Abuse, PREA Incident Checklist, CN 61201, revised on 8/18/17, protocol addresses the requirements of this standard. Interviews with the Deputy Warden and staff (random and specialized) confirmed their knowledge and understanding of their role and responsibilities during a coordinated facility response to an allegation of sexual abuse. The Auditor examined a written coordinated response plan for the facility. CCI's coordinated response plan outlines coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse. Cheshire CI met the requirements of Standard 115.65.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
3. Interviews with Staff (random and specialized)
4. Interview with PREA Compliance Manager
5. Interview with PREA Coordinator
6. Incident Report or Sexual Allegation of Sexual Abuse, PREA Incident Checklist, CN 61201

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction conducts collective bargaining activities at the State level. There are no current agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any new collective bargaining agreements since August 20, 2012. Cheshire Correctional Institution met the requirements for Standard 115.66.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)

Corrective action: None required

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12,

Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff From Retaliation both address Standard 115.67.

The policies prohibit any type of retaliation against any staff person or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations. The Deputy Warden/PCM is charged with monitoring retaliation. During his interview, the PCM indicated that he follows up on all 30, 60 and 90-day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing reassignments, and negative performance reviews/staff job reassignments, as required in 115.67c. In the event of possible retaliation, the Deputy Warden/PCM indicated he would monitor the situation indefinitely. There have been zero incidents of retaliation in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and staff interviews. Cheshire Correctional Institution met the requirements for Standard 115.67.

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, page 15, Post Allegation Protection of Inmates and Staff from Retaliation
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)

Corrective action: None required

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 8, Screening for Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 8, Screening for Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility both address the requirement of Standard 115.68.

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 reviewed at Cheshire CI 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 with staff that supervise inmates in segregation indicated during an interview that if an assessment cannot be immediately completed, Cheshire Correctional Institution could hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The Deputy Warden/PCM confirmed with the Auditor that staff must first consider other alternatives based on the circumstances of the allegation before considering the placement of an inmate in protective custody (RHU), alternatives such as placing the inmate in another housing unit, or transferring the inmate to another facility. Interviews with staff and the tour of the facility confirmed that there are usually viable alternatives to placing victims of sexual abuse/sexual harassment in RHU. The Deputy Warden/PCM confirmed that to the extent possible, access to programs, privileges, education and work opportunities would not be limited to inmates placed in RHU for the purpose of protective custody for reasons of sexual abuse or sexual harassment. Restrictions of programs, privileges, education or work would be documented by the facility. There was zero (0) inmates placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy and supporting documentation, as well as a tour of the facility and staff interviews. Cheshire Correctional Institution met the requirements for Standard 115.68.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 8, Screening for Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, page 7 – 8, Screening for Risk of Victimization and Abusiveness, and page 8 – 9, After Intake to the Facility
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manger (PCM)
 - b. Staff (Random and Specialized)
 - c. Lieutenant, PREA Liaison

Corrective action: None required

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, pages 5 – 6, PREA Unit Investigations; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment collectively address the requirement of Standard 115.71.

The Connecticut State Police (CSP) is identified by directive and agreement as the primary investigative authority (criminal) for the CDOC and Cheshire CI. The CDOC PREA Investigative Unit serves as the principle investigators for initial inquiries and administrative investigations. The Statewide PREA Investigative Unit Director/PREA Coordinator indicated that administrative reports that are investigated by his unit but thought to be criminal are forwarded to CSP for review and the appropriate action.

CDOC investigators utilize The Uniform Evidence Protocol. Where sexual abuse is alleged, CDOC uses investigators who have received specialized training in sexual abuse investigations as required by Standard 115.34, investigative training that outlines how best to investigate reports of sexual abuse and harassment in correctional confinement settings.

The PREA Investigative Unit Director/PREA Coordinator indicates that all referrals to CSP is well-documented. More, CSP investigations would include but not be limited to gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, assessing the credibility of an alleged victim, suspect, or witness on an individual basis, review prior reports and complaints of sexual abuse involving the suspected perpetrator and make referral for prosecutable criminal offenses to the prosecutor for action. CDOC/CCI fully cooperates with outside investigators and remains informed about the progress of the investigation through the PREA Coordinator or PREA Investigator. Furthermore, the PREA Coordinator indicated that investigations for all allegations, including third party and anonymous reports would be investigated by CDOC. The PREA Coordinator affirmed that the agency retains all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Compliance with this standard was determined by a review of policy/documentation, investigative files, and staff interviews. Cheshire Correctional Institution met the requirements for Standard 115.71.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations
3. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, pages 5 – 6, PREA Unit Investigations

4. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
5. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment
6. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Investigator
 - c. PREA Coordinator
 - d. Staff (random and specialized)
 - e. Lieutenant, PREA Liaison

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 3, pages 1 – 2, Definitions and Acronyms; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations. CDOC policies; and the interview with the PREA Coordinator collectively address the requirement of Standard 115.72.

The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. When interviewed, the PREA Coordinator was aware that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated the evidence standard. Cheshire CI met the requirements for Standard 115.72.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 3, pages 1 – 2, Definitions and Acronyms
3. Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 – 6, Initial Inquiries and Administrative Investigations
4. Interviews with the following:
 - a. PREA Coordinator
 - b. PREA Investigator

Corrective action: None required

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 6, pages 2 - 4, Initial Inquiries and Administrative Investigations; Connecticut Department of Correction, Administrative Directive 1.10 Investigations, Section 8, PREA Unit Investigations; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment; and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, page 14, Investigation of Sexual Abuse/Sexual Harassment collectively address the requirements of Standard 115.73.

The standard requires that after an allegation of sexual abuse the inmate shall be informed verbally or in writing as to whether the allegation was substantiated, unsubstantiated or unfounded. The Auditor confirmed that all inmates were provided written notification following an investigation into an inmate's allegation that she suffered sexual abuse in an agency facility. CDOC would inform the inmate as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded upon the completion of a PREA investigation. Furthermore, the PREA Coordinator indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, CDOC will inform the inmate whenever: CDOC learns that the staff member has been indicted on a charge related to sexual abuse in the facility. Documentation is maintained in an investigative file at Cheshire CI and the PREA Unit. Compliance with this standard was determined by a review of policy, an examination of the written notices, and staff interviews. The PREA Coordinator and the PCM were both aware that the agency is required to document all such notifications or attempted notifications. Cheshire Correctional Institution met the requirements for Standard 115.73.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Policy 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
3. Policy 1.10 Investigations / Incidents
4. Interview with PREA Compliance Manager
5. Interview with the PREA Coordinator
6. Interview with the Lieutenant, PREA Liaison
7. PREA Inmate Notifications
8. Interview with inmates (random and targeted)

Corrective action: None required

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline; Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions; and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions collectively address the requirements of Standard 115.76.

CDOC employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for staff who violate agency policies relating to sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There have been no reported cases of inmates engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if

not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies by the CDOC, unless the activity was clearly not criminal. The Deputy Warden confirmed that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Compliance with this standard was determined by a review of policy/documentation and staff interviews. Cheshire CI met the requirements for Standard 115.76.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 2.17 Employee Conduct, Section 6, Staff Discipline
3. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
4. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Coordinator
 - c. Lieutenant, PREA Liaison

Corrective action: None required

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions both address requirements of Standard 115.77.

Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In non-criminal cases, the Connecticut Department of Correction would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the past 12 months, there were zero incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy and volunteer/contractor training files and volunteer/contractor and staff interviews. Cheshire Correctional Institution met the requirements for Standard 115.77.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, page 16, Disciplinary Sanctions
4. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Coordinator
 - c. PREA Investigator

Corrective action: None required

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline; Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline; and Connecticut Department of Correction, Administrative Directive 9.5 Code of Penal Discipline collectively address Standard 115.78.

The Code of Penal Discipline defines sexual abuse as persons regardless of gender, consent, coercion, force of threat involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The code identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Non-consensual sex or sexual harassment of any nature is prohibited and will result in a disciplinary action. CDOC prohibits consensual sex between inmates but it does not constitute sexual abuse. CDOC disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Penal Code. There was three (3) number of administrative findings of guilt for inmate-on-inmate sexual abuse and zero (0) number of criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility in the past 12 months. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity. The facility will not deem sexual activity to constitute sexual abuse if it determines that the activity was not coerced. Cheshire CI does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the PREA Coordinator support compliance with this standard. The PREA Coordinator and the Deputy Warden/PCM indicated that an inmate's mental disabilities or mental illness would be considered when determining the type of sanction, if any, should be imposed. Specialized staff (mental health) interviewed confirmed that if mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Compliance with this standard was determined by a review of policy/documentation, an examination of the inmate penal code, and staff interviews. Cheshire Correctional Institution met the requirements for Standard 115.78.

Policy, Materials, Interviews and Other Evidence Reviewed

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline
3. Inmate Handbook
4. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21 C, page 16, Inmate Discipline
5. Connecticut Department of Correction, Administrative Directive 9.5 Code of Penal Discipline

6. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. Random and targeted inmates
 - c. PREA Coordinator
 - d. Specialized staff interviews

Corrective action: None required

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness; Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness; Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6; and Connecticut Department of Correction, Unit Directive 9.3 Inmate Admissions, Transfers and Discharges, Section J, pages 6-7, PREA Screening of Newly Admitted Inmates collectively address the requirements of Standard 115.81.

Interviews with health and psychology service staff confirmed that Cheshire Correctional Institution has a system for collecting medical and mental health information on inmates. The system allows medical and mental health staff to provide an initial assessment and continued re-assessment and follow up care with inmates.

Intake Screening. All newly admitted and interfacility transferred inmates are required to be screened by health services staff upon admission to the facility prior to placement in general population. A mental health referral and evaluation by mental health staff within 24 hours of referral is also required for the following circumstances such as:

- A. Inmates incarcerated for the first time;
- B. Inmates discharged from a psychiatric facility within the last 30 days;
- C. Inmates who, within 30 days of incarceration, have displayed or indicated a suicidal ideation but lacked a plan to carry out the suicide;
- D. Inmates with mental health concerns as identified by the court, or as reported by a concerned party;
- E. Inmates with a history (within the past three (3) years) of suicide attempts or plans, either self-reported or reported by a concerned party.

Inmates with a history of suicide attempts or ideation beyond three (3) years or inmates currently participating in outpatient mental health programs or services must be seen by mental health staff within 72 hours of admission.

Inmates indicating having experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or in the community, shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the initial screening.

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

Health care providers who were interviewed during the audit confirmed that treatment services are offered without financial cost to the inmate. When indicated, specialized medical and mental health providers confirmed a duty to offer a follow-up meeting with a mental health provider within 14 days of the intake screening with inmates having experienced prior sexual victimization or prior perpetration of sexual abuse. In the past 12 months 100% of inmate's files reviewed who disclosed previously perpetrating sexual abuse, as indicated during screening were offered a follow-up meeting with a mental health practitioner. While 98% of inmate files reviewed who disclosed a history of victimization were referred to a mental health provider for evaluation (see 115.41 and 115.42 for details). Mental health staff maintains secondary materials documenting compliance with this service.

Specialized staff interviews with medical and mental health providers confirmed that inmates signed and dated informed consents before reporting prior sexual victimization which did not occur in an institutional setting is disclosed to need-to-know staff. Cheshire Correctional Institution does not house inmates under the age of 18. Electronic medical records are password protected while hard files are secured behind lock doors and cabinets. All medical, mental health and PREA related information is handled confidentially and interviews with the intake screening staff support this fact. Cheshire Correctional Institution met the requirements for Standard 115.81.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11, Screening for Risk of Victimization and Abusiveness
4. Connecticut Department of Correction, Administrative Directive 8.5 Mental Health Services, page 1-6
5. Connecticut Department of Correction, Unit Directive 9.3 Inmate Admissions, Transfers and Discharges, Section J, pages 6-7, PREA Screening of Newly Admitted Inmates
6. Consent for Treatment Form
7. Auditor review of Behavioral Health and Intake documentation
8. PREA Emergency Medical and Mental Health Services Log Sample
9. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. Specialized (medical/mental health) staff interviews

Corrective action: None required

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action both address Standard 115.82.

The facility medical and mental health personnel provide services to all inmates placed at Cheshire Correctional Institution. Medical personnel are on duty daily, seven days a week and are available for consultation or call-back on off duty hours. Mental health providers are on-site five days per week and are also available for call-back on off duty hours. Specialized staff interviewed during the audit confirmed that the nature and scope of service delivery to inmates is determined by the medical and mental provider's professional judgement. Information and access to emergency medical care are offered to all inmate victims, as clinically indicated. Victim advocacy services are offered through trained staff members. Agency policy prohibits inmate co-pays for medical treatment from being applied to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There was no allegation of sexual abuse that required referral for forensic examination and evidence collection by a SANE/SAFE examiner in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and interviews with a SANE/SAFE provider and facility medical staff. Secondary materials documenting compliance are on file. Cheshire Correctional Institution met the requirements for Standard 115.82.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action
4. MOU Connecticut Sexual Assault Crisis Services, INC
5. Review of an investigation file
6. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. Specialized staff (medical and mental health)
 - c. SANE/SAFE interview

Corrective action: None required

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action both address Standard 115.82.

The facility medical and mental health personnel provide service to all inmates placed at Cheshire Correctional Institution. Medical personnel are on duty daily, seven days a week and are available for consultation or call-back on off duty hours. Mental health providers are on-site five days per week and are also available for call-back on off duty hours. Information and access to emergency medical care are offered to all inmate victims, as clinically indicated. CDOC requires the facility to attempt to obtain a mental health evaluation within 60 days of learning of inmate-on-inmate abusers and offer treatment deemed appropriate by a mental health practitioner. Victim advocacy services are offered through trained staff members. Agency policy prohibits inmate co-pays for medical treatment from being applied to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There was no allegation of sexual abuse that required referral for forensic examination and evidence collection by a SANE/SAFE examiner in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and interviews with a SANE/SAFE provider and facility medical staff. Secondary materials documenting compliance are on file. Cheshire Correctional Institution met the requirements for Standard 115.82.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 C, page 12 – 13, Medical Staff Action
4. MOU Connecticut Sexual Assault Crisis Services, INC
5. Medical Incident Reports
6. Interviews with the following:

- a. Deputy Warden, PREA Compliance Manager (PCM)
- b. Specialized staff (medical and mental health)
- c. SANE/SAFE interview

Corrective action: None required

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents address Standard 115.86.

Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. The PREA Investigative Unit and CSP conduct all investigations. The PREA Investigative Unit Director was interviewed and found to be extremely knowledgeable concerning his duties and responsibilities. The PCM confirmed that Cheshire CI conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the facility incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status, perceived status, or gang affiliation.

The facility follows this standard and provides information regarding the incident review team and its role. The Incident review form details the make-up of the sexual abuse incident review team and the elements to be considered in their assessments of incidents. The sexual assault incident review team includes upper-level management officials and allows for input from supervisors, investigators and medical or mental health practitioners. Interviews with staff revealed that they understand the purpose of the incident review team and the process. The team also decides as to whether additional monitoring technology should be added to enhance staff supervision. Specifically, the incident review team is comprised of upper-level management officials, including the Deputy Warden/PCM, Captain, PREA Unit, medical and mental health representatives, and the Unit Manager of the alleged victim. All required sexual abuse incident reviews were completed at the conclusion of each substantiated and unsubstantiated allegation and each incident was thoroughly documented. The Deputy Warden/PCM indicated that the incident review team would seek additional information from other staff, as needed, to

ensure a thorough review has been completed. Cheshire Correctional Institution met the requirements for Standard 115.86.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 22, Review by Facility of Sexual Abuse Incidents
4. Interviews with members of the Sexual Abuse Incident Review Team
5. PREA Incident Post –Investigation Facility Review
6. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. Incident review team member
 - c. PREA Coordinator

Corrective action: None required

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms; Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms; and Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting collectively address the requirements of Standard 115.87.

CDOC collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. As confirmed by a review of the and State of Connecticut, Judicial Branch, Prison Rape Elimination Act, 2018 Report and the 2018 CDOC Annual Investigative Report, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse using data from the facilities CDOC PREA Investigative Unit using computerized data management program. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The agency aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice.

Cheshire Correctional uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed it was completed according to this standard. Facility compliance with this standard was also determined by a review of policy, a review of the tracking documentation and staff interviews. The PREA Investigative Unit Director works in conjunction with the

Cheshire CI PREA Compliance Managers to maintain and collect data required to meet this standard. The PREA Investigative Unit Director/PREA Coordinator confirmed the process by interview. Cheshire Correctional Institution met the requirements for Standard 115.87.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 3, Definitions and Acronyms
4. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting
5. Sexual Victimization Annual Report
6. Survey of Sexual Victimization Summary Form
7. Sexual Assault Advisory Council Incident Review
8. Interviews with the following:
 - a. Deputy Warden
 - b. PREA Compliance Manager (PCM)
 - c. PREA Coordinator

Corrective action: None required

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12 and Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12 both address Standard 115.88.

Connecticut Department of Correction reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies. The identification of trends, issues or problematic areas are a priority and, if discovered, corrective action is initiated. The PCM forwards data to the respective CDOC PREA Investigative Unit Director/PREA Coordinator. An annual report is prepared and placed on the CDOC website. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Cheshire Correctional uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed it was completed according to this standard. Cheshire Correctional Institution met the requirements for Standard 115.88.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12
3. Connecticut Department of Correction, Cheshire CI Unit Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking and BCC, Administrative Directive 6.12
4. Form: CN 61203, PREA Incident Post-Investigation Facility Review
 - a. Sexual Assault Advisory Council Incident Review
5. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Coordinator

Corrective action: None required

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting; Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking; and CDOC Records Retention Schedule, Series #26 collectively address Standard 115.89.

CDOC Retention Schedules indicates that agency records shall be retained in accordance with applicable records retention schedules as follows:

- A. Schedule S-1, Administrative Records; Directive Number 4.7 Effective Date 10/22/15
Page 4 of 4 Title Records Retention;
- B. Schedule S-2, Personnel Records;
- C. Schedule S-3, Fiscal Records;
- D. Schedule S-4, Health Records;
- E. Schedule S-5, Higher Education Records;
- F. Schedule S-6, Information Systems Records;
- G. Schedule RC-050.

Department of Correction Records Retention Schedule and H. General Letter 2009-2, Management and Retention of E-mails and other Electronic Messages indicates that record disposal shall be coordinated through an agency in accordance with the provisions of this Directive 4.7.

The PREA Investigative Unit Director/PREA Coordinator reviews data compiled by each CDOC facility and issues a report to the Commissioner of the Connecticut Department of Correction on an annual basis. The data is securely retained and published on the CDOC website after the removal of all personal identifying information. The reports cover all data noted in this standard. Cheshire Correctional Institution 1met the requirements for Standard 115.89.

Evidence relied upon to make auditor determination:

1. Pre-Audit Questionnaire
2. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 A, Internal Reporting
3. Connecticut Department of Correction, Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 23 C, Tracking
4. Connecticut Department of Corrections, Administrative Directive 4.7, Record Retention
5. CDOC Records Retention Schedule, Series #26
6. PREA Investigations and Records Review
7. PREA Investigative Reports by Facility 2013-2017
8. Auditor Summary Report, Bishop House 2018
9. Auditor Summary Report, Isaiah House 2018
10. Auditor Summary Report, Mary Magdalene House, 2018
11. Auditor Summary Report, Next Step Cottage, 2018
12. Auditor Summary Report, January House, 2018

13. Auditor Summary Report, Bridgeport Correctional Center, 2018
14. Auditor Summary Report, Corrigan-Radgowski Correctional Center
15. Auditor Summary Report, Manson Youth Center, 2018
16. Auditor Summary Report, Willard-Cybulski Correctional Institution, 2018
17. Form: CN 61203, PREA Incident Post-Investigation Facility Review
18. Interviews with the following:
 - a. Deputy Warden, PREA Compliance Manager (PCM)
 - b. PREA Coordinator

Corrective action: None required

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the tour of the facility the upcoming audit was posted throughout the facility. The facility provided electronic verification of the notice. CDOC facilities were audited during a time frame to meet the required deadline of one (1) audit within three (3) years. A review was conducted on information provided to inmates regarding the confidential nature of any correspondence and communication with the Auditor. The facility has provided inmates with information about upcoming PREA audit at least six weeks prior to the site visit and demonstrated based on their institutional and clinical files that PREA has been a continued practice. Cheshire CI met the requirements of Standard 115.401.

Evidence relied upon to make auditor determination:

- Interview with staff and inmates
- Interview with PREA Compliance Manager

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility was audited prior to the end of the first audit cycle which ended August 19, 2016. All final audit reports are properly, publicly posted on the agency website.

Evidence relied upon to make auditor determination:

- Agency Website
- Interview with Deputy Warden
- Interview with PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Sonya Love

10/07/2019

Auditor Signature

Date

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

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