

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



Name of facility:		New Haven Correctional Center	
Physical address:		245 Whalley Avenue, New Haven, CT 06511	
Date report submitted:		14 Feb. 2015	
Auditor Information			
Address:		123 Farmington Ave. Suite 117, Bristol, CT 06010	
Email:		WCSparks@SparksSecurityCT.com	
Telephone number:		(860) 841-0416	
Date of facility visit:		12-13 January 2015	
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
245 Whalley Ave., PO Box 8000, New Haven, CT 06511			
Telephone number:		(203) 974-4111	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Stacy Marmora	Title: Deputy Warden
Email address:		Stacy.Marmora@ct.gov	Telephone number: (203) 974-4111
Agency Information			
Name of agency: State of Connecticut, Department of Correction			
Governing authority or parent agency: <i>(if applicable)</i> State of Connecticut			
Physical address: 24 Wolcott Hill Road Wethersfield, CT 06109			
Mailing address: <i>(if different from above)</i> SAA			
Telephone number:		860-692-7480	
Agency Chief Executive Officer			
Name:		Scott Semple	Title: Interim Commissioner
Email address:		Scott.Semple@ct.gov	Telephone number: 860-692-7480
Agency-Wide PREA Coordinator			
Name:		David McNeil	Title: PREA Director
Email address:		David.McNeil@ct.gov	Telephone number: 203-250-8136

AUDIT FINDINGS

NARRATIVE:

A PREA Audit was conducted at the State of Connecticut, Department of Correction facility, New Haven Correction Center, New Haven, CT on January 12-13, 2015. Prior to the physical on-site audit of NHCC, interviews were conducted at the Central Office of the Connecticut Department of Correction. Interviewed were Deputy Commissioners Cheryl Cepelak, Acting Deputy Commissioner Monica Rinaldi, Human Resources Director Suzanne Smedes, PREA Unit Director Dave McNeil, Contract Administrator Melanie Sparks, and three PREA Investigators. During the sixty days prior to the audit, a comprehensive review was conducted of both Agency and Facility policy and procedures.

On January 12, 2015, the day began with introductions in the Warden's office. CTDOC PREA Coordinator Dave McNeil, NHCC Warden Jose Feliciano, NHCC Compliance Manager Deputy Warden Stacy Marmora and Captain James Reilly were all in attendance. After introductions NHCC Compliance Manager Deputy Warden Stacy Marmora lead a tour of the entire NHCC.

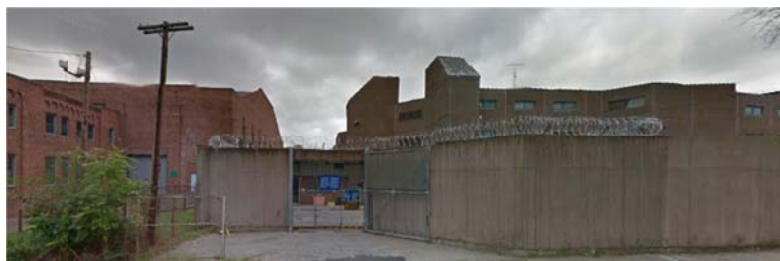
A NHCC inmate listing was furnished showing all inmates with inmates identified as being limited English proficient, and transgender. There were two inmates identifying as transgender; there were none identifying as intersex, gay, bisexual, or disabled or that had reported sexual abuse. Each of those inmates was interviewed. Rosters of staff assignments for each shift were also furnished to enable selection of staff to interview.

Random inmates were selected with at least one from each housing unit as well as the two inmates who identified as being transgender. In all eleven inmates were identified and agreed to interviews. Twelve random staff representing all three shifts were also selected. Specialized staff interviewed on-site included the Warden, PREA Compliance Manager, Intermediate/Higher Level (Deputy Warden, Captain and three Lieutenants), Medical Nurse, Mental Health Counselor, two members of the incident review team, two Intake staff and one volunteer. The medical and mental health staffs at the facility are contracted through UMHC (University of Connecticut Managed Health Care).

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

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

DESCRIPTION OF FACILITY CHARACTERISTICS:



The New Haven Correctional Center was opened on April 27, 1976 situated on 4.9 acres which is comprised of a main building, two dormitory units and an outside detail unit. In 1991, the dormitory was built consisting of two inmate housing units on one floor. In 1993, a 234 space-parking garage was opened adjacent to the facility. In 1997, the outside detail unit was opened containing 12 beds.

The New Haven Correctional Center is comprised of one building with nine multiple occupancy celled housing units and five open bay dormitory housing units. There is a segregation unit with twelve cells. There were seven hundred ninety male inmates at the facility on the day of the audit, design capacity is seven hundred seventy three. NHCC does not accept inmates less than eighteen years of age nor does it accept females. The population at NHCC is comprised of inmates accused and awaiting trial, sentenced and awaiting court appearances for other matters, or serving sentences of less than one year.

During the previous year, there were thirteen sexual abuse/assault or harassment allegations. Of those thirteen, seven were determined to be unfounded at the facility level and six were investigated at the Agency level by the PREA unit. None resulted in criminal charges. Of the six investigations by the PREA unit, one is currently open and pending while the others were determined to be unsubstantiated.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	1
Number of standards met:	40
Number of standards not met:	0
Number of standards not applicable:	2

Standard 115.11 Zero Tolerance Of Sexual Abuse And Sexual Harassment; PREA Coordinator.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Compliance with the standard was determined by reviewing CTDOC AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” dated 02 Nov 14; staff signatures indicating understanding of policy and acknowledgement of obligation to comply, interviews with random and specialized staff showing understanding of the policy and training related thereto, and review of the organizational chart with the PREA coordinator indicated. The CTDOC has established an agency-wide PREA Coordinator (Dave McNeil) who reports to Commissioner of Corrections Scott Semple and PREA Compliance Managers for each facility it operates. Mr. McNeil was appointed as the Agency PREA Coordinator Sept 6, 2013. Deputy Warden Stacy Marmora’s appointment as PREA Compliance Manager for the New Haven Correctional Center was effective April 2014. Deputy Warden Stacy Marmora reports to Warden Jose Feliciano. Both stated that they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the areas of their responsibility. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in that it complies in all material ways with the standard for the relevant review period. NHCC is determined to be “Meets Standard” for this standard.

Standard 115.12 Contracting With Other Entities For The Confinement Of Inmates.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

The New Haven CC does not contract with any entities to house inmates, however, the Connecticut Department of Correction does contract with seventeen non-profit private agencies for the confinement of its inmates. Review of these contracts clearly indicates the entity’s obligation to adopt and comply with the PREA standards including annual PREA audits. Annual inspections of each facility are completed each year by CTDOC ensuring that the contractor is complying with the PREA standards. Based upon the totality of interviews conducted and reviews of applicable policy and related contracts, it

is apparent that the CTDOC achieves substantial compliance in that it complies in all material ways with the standard for the relevant review period. NHCC, as a subdivision of the CTDOC is determined to be "Meets Standard" for this standard.

Standard 115.13 Supervision And Monitoring.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

The CTDOC ensures that the NHCC makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. The NHCC has developed and documents a staffing plan that ensures safety and security of all is maintained by adopting generally accepted detention and correctional practices. There are no findings of inadequacy from any judicial, federal investigative agency, or internal / external oversight bodies. All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) are considered during development of the staffing plan as evidenced by memorandum, minutes from staffing plan meetings and requests for additional resources submitted to the Department of Administrative Services. NHCC provided documentation of staffing plan meetings in the form of minutes from the 02 Dec 14 PREA Staff Supervision & Monitoring Meeting. This was the first documented instance of these meetings taking place. Additional documentation submitted for review included camera maps, daily shift rosters, staffing pattern memos, memos from the agency PREA Coordinator demonstrating input, memos justifying a request for an additional Correctional Counselor, which was approved by CTDOC and is now pending at the Department of Administrative Services. General post orders and logs showing unannounced rounds were also submitted for review. The totality of the documentation demonstrates that the New Haven CC and the CTDOC keep PREA standard considerations in mind when determining the need for additional staff and video monitoring. Security concerns are balanced with the composition of the inmate population. Programming is scheduled based upon the available supervision and staff available. Deviations of the staffing plan have occurred. Overtime is assigned after designated "Pull Posts" and "Shutdown Posts" have been closed. Shutting down of a post will trigger cessation of programming in that area. The most common reason for deviation from the staffing plan was an inability to successfully solicit overtime volunteers after mandating opportunities had been exhausted, this due to collective bargaining agreements. Deviation from the staffing plan is documented as mandated by CTDOC policy. Logbooks and interviews clearly illustrate that Supervisors conduct unannounced rounds on all shifts throughout the facility. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the

standard for the relevant review period. NHCC is determined to be “Meets Standard” for this standard.

Standard 115.14 Youthful Inmates.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

New Haven CC does not, under any circumstances, accept inmates less than eighteen years of age. NHCC is determined to be “Not Applicable” for this standard.

Standard 115.15 Limits To Cross-Gender Viewing And Searches.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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

percent.(173 out of 184). Of the eleven staff members that missed training, six were on long-term Worker's Compensation, one retired during the training cycle, one was occupied with union business, and the other three have not yet attended. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.16 Inmates With Disabilities And Inmates Who Are Limited English Proficient.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

A review of the following CTDOC policies and documents shows policy compliance with this standard: CTDOC Administrative Directive 6.12 Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention; NHCC Unit Directive 6.12 Inmate Sexual Abuse /Sexual Harassment Prevention and Intervention; CTDOC Administrative Directive 10.19 Americans with Disabilities Act; CTDOC Administrative Directive 10.12 Inmate Orientation; PREA Training For Staff Lesson Plan; Contracts for linguistic translation with four different companies. The facility takes necessary steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks are in English and Spanish. All materials are presented verbally during orientation. There have been no instances during this report period where inmate interpreters, readers or other types of inmate assistants were used. This was confirmed through staff and inmate interviews. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.17 Hiring And Promotion Decisions.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Interviews with CTDOC Human Resources unit indicates that the components of this standard are being met. CTDOC Administrative Directive 2.3, "Employee Selection, Transfer and Promotion" and NHCC Unit Directive 2.3, "Employee Selection, Transfer and Promotion" are the guiding mandates to accomplish compliance with this standard. NHCC does not conduct background checks on permanent employees as these are completed at the Agency level at least every five years for current permanent employees. The Agency has conducted six hundred fifty five background checks during the past twelve months for new hires and transfers. Documentation received from the CTDOC has been verified. The agency has become compliant with this standard as of 26 Sept. 2014. All employees with over five years seniority have had their criminal background check completed again. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.18 Upgrades To Facilities And Technologies.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

The facility has requested an update of their camera system as a result of considerations of how monitoring technology (cameras) will enhance their ability to protect inmates from sexual abuse. A review of their staffing plan addresses the enhancement through cameras. The facility has identified blind spots and submitted requests for approval to acquire additional mirrors, cameras, and recording equipment. Some mirrors have been acquired and installed; the camera and recording requests are pending at the time of this report. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.21 Evidence Protocol And Forensic Medical Examinations.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Policy and procedures in an MOU between CTDOC and Connecticut State Police (CSP), CTDOC Administrative Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 15, "Evidence Protocol/Securing the Area" and Administrative Directive 6.9, "Control of Contraband and Physical Evidence", section 7, "Physical Evidence" and Administrative Directive 8.1, "Scope of Health Service Care", section 4, "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" outline uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. Healthcare staff is not involved in the management or treatment of sexual assault cases except to stabilize the inmate before the transfer to Yale New Haven Hospital in New Haven, CT where SAFE – SANES staff are on duty. All services are available without cost to the inmate. The Connecticut State Police are also notified immediately and would be present at the hospital for the investigation. There were no forensic medical examinations during this reporting period. Interviews with Medical and Custody staff showed a competent knowledge of evidentiary collection procedures and specifics to biological materials. Victim advocacy is available to all inmates via an MOU with Connecticut Sexual Assault Crises Services (CONNSACS). CONNSACS agrees to make available to the victim a victim advocate from a rape crisis center who will be available to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals. The aforementioned MOU with CSP shows that the agency has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.22 Policies To Ensure Referrals Of Allegations For Investigations.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

The agency ensures that an administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment. The agency publishes this policy on its website at <http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868> . The agency ensures this is accomplished through promulgation of policies that meet this standard, including CT DOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 16, "Investigation of Sexual Abuse/Sexual Harassment", NHCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 16, "Investigation of Sexual Abuse/Sexual Harassment", CT DOC Administrative Directive 6.6 "Reporting of Incidents", section 8,a,5, "Notification Procedures", Administrative Directive 1.10 "Investigations", section 6,b, "Initial Inquiries and Administrative Investigations". All allegations are referred to the PREA Unit for investigation and some may be further referred to the Security Division. An administrative investigation is completed on all allegations of sexual abuse and sexual harassment. Administrative Directive 1.10 "Investigations" governs the conduct of such investigations. The Connecticut State Police determine the necessity of a criminal investigation. There were thirteen (13) reported allegations of sexual abuse. All thirteen were referred to the Connecticut State Police for investigation and the PREA Unit for administrative investigation. One of those cases was still pending at the time of this report, six had been determined to be unfounded, and six had been determined to be unsubstantiated. None of the referrals resulted in a criminal investigation. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.31 Employee Training.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

The agency trains all employees on Agency and facility policies, including; its 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 inmates; 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. The training is tailored to the gender of the inmates at the employee's facility. Training standards are set forth in: CTDOC Administrative Directive 2.7, "Training and Staff Development", CTDOC Administrative Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", NHCC Unit Directive 6.12, "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", 24-HREL 408A PREA Standards Training 2014 power point training material. Training curriculum includes all requirements of the PREA Standards. Training attendance sign-in sheets have been reviewed. All staff is mandated to forty hours of in-service training (IST) each year that includes this mandated training. Additionally, there were eighteen roll-call memos issued, breaking down the PREA policy and issued in order to reinforce the formal trainings mentioned above. The facility trained 236 staff (officers, supervisors, support staff). Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.32 Volunteer And Contractor Training.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

The CTDOC and NHCC ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the CTDOC and NHCC sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Governing policies are; CTDOC Administrative Directive 2.7 Training and Staff Development, section 6-d, "Volunteers"; CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, section 9-b, "In Service Training"; NHCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, section 9-b, "In Service Training"; VIP (Volunteers, Interns, Professional Partners) Handbook, p.17, 18, "PREA Standards" ; VIP Prison Rape Elimination Act Training Handout. All volunteers and contractors who have contact with inmates are trained in the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. CTDOC conducts background and Motor Vehicle checks every five years for contractors, vendors and volunteers or whenever the contract is renewed, whichever is less. NHCC has conducted background checks on sixty-eight potential contractors during 2014. Contractors do not have unescorted access to the facility or the inmates. NHCC has conducted forty-three background checks and training sessions on approved volunteers during 2014. NHCC maintains documentation confirming that volunteers understand the training they have received. Training attendance sign-in sheets were reviewed. One volunteer was available for interview. The level of competence and understanding of the requisite training was impressive. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.33 **Inmate Education.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

All inmates receive information explaining the CTDOC and NHCC zero- tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Governing policies are; CTDOC Administrative Directive 9.3, "Inmate Admissions, Transfers and Discharges", section 7 (a)-3, "PREA Screening of Inmates"; NHCC Unit Directive 9.3, "Inmate Admissions, Transfers and Discharges", section 7 (a)-3, "PREA Screening of Inmates"; mandate PREA training upon arrival at the receiving facility. CTDOC Administrative Directive 10.12, "Inmate Orientation", section 3 "Initial Orientation" mandates that the receiving facility provides PREA training upon receiving transfer inmates including to those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.. CTDOC Administrative Directive 6.12,"Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 10, "Inmate Education"; NHCC Unit Directive 6.12,"Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 10, "Inmate Education" mandates inmates receive presentation of the PREA video and are made aware of the CT DOC zero tolerance policy, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. NHCC documentation shows that 2062 inmates participated in these education sessions during 2014, documentation in the form of a acknowledgement sign-off sheet maintained in the inmate's master file. Interviews with the inmates and staff verify that they received the PREA training. PREA Posters were displayed throughout the facility in prominent areas with phone numbers to call to report abuse. The facility inmate handbook covers the PREA information as well. NHCC is determined to be "Exceeds Standard," this due to the extraordinary number of stenciled PREA notifications placed in virtually every conceivable location within the facility. It would be virtually impossible to find a location within the facility where such notification was not prominently displayed nearby.

Standard 115.34 Specialized Training: Investigations.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Investigators have received specialized training presented by Tim Bambord, NP and Nicole Anchor, Legal Counsel for CTDOC and Kim Weir, Director of Security for CTDOC using material from the Moss Group and the PREA Resource Center entitled "Investigating Sexual Abuse in Confinement." This was verified through staff interviews, a review of the PowerPoint presentation, which included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action. Training records and sign in sheets indicate training was conducted and attended. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.35 Specialized training: Medical and Mental Health Care.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policies are; CTDOC Administrative Directive 8.6, "Credentials for Health Services Staff", section 6 "Training Of Health Services Staff" mandates that all Health Service staff who have contact with inmates shall be trained on their responsibilities. Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", section 9 (b), "Staff Training" and CTDOC Administrative Directive 2.7 "Training and Staff Development", section 8 (c), "In-Service Training" mandate that all Healthcare Practitioners shall receive additional PREA related training specific to their areas of responsibility. All medical and mental health staff has received specialized training presented by NIC "PREA for Medical Staff", Module 1 and 2. Required training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and

professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. NHCC had fifty-three medical and mental health care staff that received this training this year, which represents one hundred percent compliance. Medical staff assigned to NHCC do not conduct forensic examinations. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.41 **Screening For Risk Of Victimization And Abusiveness.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

All inmates are assessed during intake screening for their risk of being sexually abused by or sexually abusive towards other inmates. As stated in CTDOC Administrative Directive 9.3, "Inmate Admissions, Transfers and Discharges", section 7 (a)-3, "PREA Screening of Inmates Transferred Between Facilities", all intake screening is conducted within 72 hours of arrival. Review of random files shows this practice is incorporated into normal routine. During the audit the documentation of the screenings and the instruments used were reviewed. CTDOC form CN9306/1 "Inmate Intake Form" and HR001, "Intake Screening Form", Attachment B contain all questions required by the standard including; whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability; and whether the inmate is detained solely for civil immigration purposes. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. Per NHCC UD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11, "Screening for Risk of Victimization and Abusiveness", (b) "After Intake to the Facility", each inmate's risk of victimization or abusiveness will be reassessed on the seventh business day following his arrival at the facility based upon any additional, relevant information received by the facility since the intake screening. Use of screening information is governed by NHCC UD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11-C, "Use of Screening Information", and Section 11-D "Transgender and Intersex Inmates" controls all screening information by limiting access to the inmate's central file, which is the only

place that information is contained. Access to those files is restricted to counseling staff, supervisors and administrative personnel. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.42 **Use Of Screening Information.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

As mandated by CTDOC Administrative Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11(c), "Use of Screening Information" and NHCC Unit Directive 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11(c), "Use of Screening Information", NHCC makes individualized determinations about how to ensure the safety of each inmate using information from the risk screening in order to make informed decisions in the matters of housing, work, education, and program assignments, the goal being to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Section 11 (d) of those same directives mandates that, in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Also mandated in that same section is the requirement that placement and programming assignments for each transgender or intersex inmate will be reassessed at least twice each year to review any threats to safety experienced by the inmate. Neither of the two identified transgender inmates had been incarcerated for six months, thus there was no supporting documentation of actual practice. Screening form, CTDOC form CN9306/1 "Inmate Intake Form" and HR001, "Intake Screening Form", Attachment B are used to document a transgender or intersex inmate's own views with respect to his or her own safety and those views are given serious consideration. At the time of the audit there were no inmates identified as being gay or intersex being housed at the NHCC. Two inmates were identified as transgender. Those two inmates were housed in general population in celled housing. Both inmates had cell partners and were not housed together. Both inmates had been offered the opportunity to shower separately from general population, both inmates declined. There are no dedicated facilities, units, or wings used to house lesbian, gay, bisexual, transgender, or intersex inmates in on the sole basis of such identification or status. Based upon the totality of interviews

conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be “Meets Standard” for this standard.

Standard 115.43 **Protective Custody.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

There have been no incidents involving use of Involuntary Protective Housing. Governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 11 (a) 1-3 and NHCC UD 6.12 “Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention” section 11 (a) 5, 1-3 “On Intake To The Facility”. Review of policy shows inclusion of; inmates at high risk for sexual victimization shall not be 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment; inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: the basis for the facility’s concern for the inmate’s safety; and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. There have been no incidents involving use of Involuntary Protective Housing for these purposes at NHCC. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be “Meets Standard” for this standard.

Standard 115.51 **Inmate Reporting.**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Inmates being housed at the NHCC have multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, including verbally to staff, in writing through formal inmate correspondence. NHCC also provides several ways for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request by calling one or both anonymous reporting hotlines (one for external CTDOC and one external to Connecticut State Police). Staff and third parties may also utilize a hotline to report an allegation privately. Interviews with staff indicate they are well aware that they must accept all reports and they are responsible for reporting them promptly and subsequently documenting them via incident report. Governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12 & 13, NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 12, PREA Posters, Inmate Handbook, Staff Training Modules HREL 408 A Power Point presentation. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.52 Exhaustion Of Administrative Remedies.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

NHCC is exempt from this standard as their Grievance Policy specifically excludes PREA incidents from the grievance procedure. Governing policy is CTDOC AD 9.6 Inmate Administrative Remedies, Section 4. NHCC is determined to be “Not Applicable” with this standard.

Standard 115.53 Inmate Access To Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

NHCC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The CTDOC and the Connecticut Sexual Assault Crisis Services (CONNSACS) have each signed an MOU to assure a unified effort to provide inmates with confidential emotional support service related to sexual violence. The NHCC community victim service provider may be one of twelve regional offices that provide for confidential reporting and outside confidential support services to include hospital accompaniment for a Sexual Assault Forensic Exam. NHCC enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible by providing toll free, unmonitored telephonic communication and mailing addresses of those local victim advocacy and rape crisis organizations. CONNSACS also provides, upon request, outside confidential support services to include hospital accompaniment for a Sexual Assault Forensic Exam. Interviews with inmates indicated most were aware of these outside support services. Those that were not aware of this specific agency were still aware that such agencies did exist and could be reached. Governing policy includes CONNSACS MOU, CTDOC AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 10, PREA Posters, and the Inmate Handbook. CONNSACS staff was unresponsive to attempts by this auditor to interview them or to obtain information

pertaining to reports and services. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be “Meets Standard” for this standard.

Standard 115.54 Third-Party Reporting.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

CTDOC and NHCC provide a PREA Hotline toll free at 770-743-7783 for third party reports of sexual abuse and harassment, said number being posted and available on the CTDOC website (<http://www.ct.gov/doc/cwp/view.asp?a=1502&Q=557868>). Most inmates interviewed indicated an awareness of third party reporting ability and hotline numbers (Internal toll free CTDOC hotline *9222# and External toll free CTCSP hotline *9333#). These numbers are also published in the Inmate Handbook as well as posters throughout the facility in all inmate access areas. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be “Meets Standard” for this standard.

Standard 115.61 Staff And Agency Reporting Duties.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

NHCC 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 or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and

Intervention, Section 13, NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, Staff Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. Staffs are also prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in applicable directives, to make treatment, investigation, and other security and management decisions. The obligation of medical and mental health practitioners to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services is incorporated in CTDOC AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, subsection c, "Medical Staff Action", NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13 . subsection c, "Medical Staff Action", University of Connecticut Health Center Policy, "B 5.01, "Response To Sexual Abuse". NHCC does not accept inmates under the age of 18. NHCC reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the CTDOC PREA unit for investigation as mandated by CTDOC AD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, "Investigation of Sexual Abuse/Sexual Harassment", and Section 23, "Reporting"; NHCC UD 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 16, "Investigation of Sexual Abuse/Sexual Harassment" and Section 23, "Reporting". Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.62 Agency Protection Duties.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policy includes CTDOC AD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11; CTDOC AD 9.3 "Inmate Admissions, Transfers and Discharges", Section 5-J; CTDOC AD 6.6 Reporting of Incidents, Section 5-S, NHCC UD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 11, NHCC UD 9.3 "Inmate Admissions, Transfers and Discharges", Section 5-J; NHCC PN1.13 PREA Policy; Form HR001, P4, Section 3, Staff Training Modules HREL 408 A Power Point presentation, various PREA Roll Call

memos. All staffs are required to take immediate action to protect any inmate(s), which they determine to be at substantial risk of imminent sexual abuse. Interviews with employees demonstrated they are familiar with their required actions and obligation to keep inmates safe. At NHCC, there have been no incidents requiring staff to exercise their obligations under this standard. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.63 Reporting To Other Confinement Facilities.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policy includes, CTDOC AD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 13, NHCC UD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention"; CTDOC "Memo To All Staff, Reporting to Other Confinement Facilities". CTDOC had an agency wide policy in place that required clarification, said clarification delivered via the afore-mentioned memo. The policy at NHCC is consistent with both the clarification memo and PREA Standard 115.63. Should an inmate allege that he was sexually abused while confined at another facility, the Warden NHCC will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred immediately upon receiving the report. The Warden will document that notification via incident report. In the event that the Warden of NHCC is notified of such an allegation being made regarding an incident at the NHCC, that allegation shall be investigated without delay. There were no incidents requiring such notification during the reporting period. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.64 Staff First Responder Duties.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policy includes, CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 13, Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. Staff first responders for allegations of sexual abuse are trained to meet the following mandates: upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The number of allegations that an inmate was sexually abused that were first reported to a non-custody staff person was eight. In all of those instances, the non-custody staff person notified a custody staff immediately. None of the reports alleged an occurrence within the past seventy-two hours. Nevertheless, those inmates were offered support services and follow-up treatment. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.65 Coordinated Response.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

NHCC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Governing policy includes, CTDOC AD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 13, NHCC UD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 13, Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos, PN1.13, Attachment A, "NHCC PREA Staff Responsibilities and Procedures When Reporting Allegations of Sexual Abuse". CTDOC's written policy dictates and coordinates the actions to be taken by first responders, supervisory staff, medical and mental health staff, and investigators in response to an incident of sexual abuse. All staff interviewed indicated an awareness of their responsibilities in order to produce a coordinated response for sexual assaults. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.66 Preservation Of Ability To Protect Inmates From Contact With Abusers.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

NHCC collective bargaining activities are negotiated at the Agency level. There are no current agreements that limit 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. There have not been any collective bargaining agreements entered into since August 20, 2012. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material

ways with the standard for the relevant review period. NHCC is determined to be “Meets Standard” for this standard.

Standard 115.67 Agency Protection Against Retaliation.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation. Governing policy includes, CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 18, Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. The agency has a policy prohibiting any retaliation against any inmate or staff member who reports sexual abuse or sexual harassment, or who cooperates with an investigation into a sexual abuse or sexual harassment allegation. The facility PREA Compliance Manager monitors for possible retaliation within the facility and reports to the Agency PREA Coordinator any violations of this policy. Monitoring includes coordination between the PREA Coordinator and Inmate Discipline Investigators, Intelligence Officers, Phone Monitors and assigned Counselor for inmates and Supervisors, Post Rosters, and access to training for staff members. Monitoring is not limited in duration other than by necessity. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that NHCC achieves substantial compliance in all material ways with the standard for the relevant review period. NHCC is determined to be “Meets Standard” for this standard.

Standard 115.68 Post-Allegation Protective Custody.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policy includes, CTDOC AD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 111, NHCC UD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention",, Section 11, Training Modules HREL 408 A Power Point presentation, various PREA Roll Call memos. The agency prohibits the involuntary placement into segregated housing for inmates who allege to have suffered sexual abuse unless no other alternative housing is available to the extent necessary to protect the inmate from likely abusers. Furthermore, the policy states that if the facility cannot perform such an alternative housing assignment, that the involuntary housing shall not exceed thirty days during which time the inmate shall have access to programs, privileges, education and work opportunities. At NHCC, there have been two incidents involving use of Involuntary Protective Housing, both for less than twenty-four hours duration. Both inmates were released within twenty-four hours to alternative housing assignments. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.71 Criminal And Administrative Agency Investigations.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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

as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Based upon interviews with staff, investigators and administrators as well as review of pertinent policies and cases, NHCC is determined to be "Meets Standard" for this standard.

Standard 115.72 Evidentiary Standards For Administrative Investigations.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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

Standard 115.73 Reporting To Inmates.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policies are CTDOC AD 1.10 Investigations, Section 8, g; CTDOC AD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 17; NHCC UD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 17. NHCC and CTDOC policy meets the requirements of this standard. NHCC had thirteen instances; one investigation remains open, twelve investigations were completed and required inmate notification was accomplished to comply with this standard. Sample copies of notification letters were reviewed and found to be acceptable. NHCC is determined to be "Meets Standard" for this standard.

115.76 Disciplinary Sanctions For Staff.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policies are CTDOC AD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 21; CTDOC AD 2.6 Employee Discipline; CTDOC AD 2.17 "Employee Conduct", Section 6; NHCC UD 6.12 "Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention", Section 21; All standard requirements are embodied with these policies. There were no staff related allegations during the reporting period. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.77 Corrective Action For Contractors And Volunteers.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policies are CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, b; NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention, Section 21, b; All standard requirements are embodied with these policies. One volunteer was available for interview. The knowledge of volunteer obligations displayed by this volunteer were impressive and reflected admirably upon the quality of the training that was received at NHCC. There have been no incidents of misconduct or allegations of such against a volunteer or contractor at NHCC. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.78 Disciplinary Sanctions For Inmates.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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

Standard 115.81 Medical And Mental Health Screenings; History Of Sexual Abuse.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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

Standard 115.82 Access To Emergency Medical And Mental Health Services.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

Governing policy CTDOC Administrative Directive 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention; all of which state that treatment services relative to sexual abuse shall be provided to the victim without financial cost regardless of whether the victim cooperates with the subsequent investigation or not. Interviews with both employees and inmates confirm compliance with this standard. There were no instances of inmates requiring these services during the reporting period. NHCC is determined to be "Meets Standard" for this standard.

Standard: 115.83 Ongoing Medical And Mental Health Care For Sexual Abuse Victims And Abusers.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

CTDOC policy is compliant with this standard; governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13,c and Section 4 and NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 13, c and Section 4. CTDOC has an MOU with the Connecticut Sexual Assault Crises Services (CONNSACS) to provide offenders with confidential victim advocacy and emotional support services related to sexual violence. 115.83 d. & e. do not apply to NHCC as only male inmates are housed there. CTDOC dictates all medical and mental health services related to sexual abuse will be provided at no cost to the inmate. 115.83 h-1 is not applicable as NHCC is a jail. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.86 Sexual Abuse Incident Reviews.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

CTDOC governing policy is CTDOC AD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 22 and NHCC UD 6.12 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Section 22 which provides that all sexual abuse incident reviews are conducted by the appropriate staff within 30 days following the completion of an investigation for all allegations determined to be substantiated or unsubstantiated. There were thirteen alleged PREA incidents at the facility during the previous year. One remains open, five were unsubstantiated, and seven were determined to be unfounded. The documentation reviewed by auditors demonstrated the reviewing committee for sexual abuse incident reviews consisted of the NHCC PREA Compliance Manager, PREA Investigator, Medical Staff, and the Warden. The review committee considers all required elements. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.87 Data Collection.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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

Responses during interviews with PREA Coordinator and PREA Compliance Manager are consistent and indicate compliance with standard. NHCC is determined to be "Meets Standard" for this standard.

Standard 115.88 Data Review For Corrective Action.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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

Standard 115.89 Data Storage, Publication, And Destruction.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

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

AUDITOR CERTIFICATION:

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



Auditor Signature

13 Feb 2015
Date