



**STATE OF CONNECTICUT  
OFFICE OF THE CHILD ADVOCATE**

**EXECUTIVE SUMMARY  
AN EXAMINATION OF CONDITIONS OF CONFINEMENT -  
INCARCERATED/DETAINED LATE ADOLESCENTS AGED 18-21**

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## INTRODUCTION

This report examines conditions of confinement for late adolescents aged 18 to 21 placed at Manson Youth institution (MYI), York Correctional institution (YCI) and other adult facilities operated by the Department of Correction (DOC). The period under review (PUR) for this report includes calendar years 2022, 2023, and 2024. For the small cohort review discussed in Section IV of this report, OCA selected individuals who were incarcerated during the PUR, reviewed records for a one-year time period within the PUR, reviewed certain records for a period prior to the PUR, and conducted site visits throughout the PUR.<sup>1</sup> OCA also conducted limited site visits in 2025.

This report includes an in-depth examination of late adolescent boys placed in restrictive housing settings at Corrigan, Garner and MacDougall-Walker Correctional Institutions. Examining the conditions for this population, OCA found grave concerns, including lengthy periods of solitary confinement, frequent strip searches, lack of access to minimally adequate mental health services, and limited educational services. OCA's report includes detailed profiles on a cohort of late adolescents who spent months and sometimes years in restrictive housing settings, often deprived of meaningful services, education, or socialization. DOC records depict stark mental health deterioration of some of these individuals who were often teenagers when they were first incarcerated. OCA is concerned that these findings implicate the legal rights of these late adolescents to adequate care and services.

OCA recognizes some areas of improvement since our cohort review. DOC's implementation of the requirements of Public Act 22-18 has resulted in more out of cell time. A classroom was added to Walker, which offers the potential of more continuity of education. Nonetheless, in the restrictive housing settings in which the individuals in our cohort were housed (PS, AS, Chronic, SRG I) many of the detrimental features of restrictive housing remain: lack of meaningful contact with others; lack of any meaningful programming; frequent strip searches; all movement requires mechanical restraints; phone calls and visits are curtailed; and disciplinary sanctions may include loss of visitation and/or phone calls. Mental health treatment is limited. Out of cell time means, except for showers, that the late adolescent is placed in mechanical restraints, often strip searched, and moved to an indoor cage or an outdoor cage where there are no seats and no activities in which to engage. In addition, 18–21-year-old late adolescents in these restrictive housing settings are housed with adults of all ages, many of whom have long histories of maladaptive behaviors.

OCA's recommends that these conditions be immediately remedied, that all 18- to 21-year olds be housed at MYI, and that long term restrictive housing be prohibited for this age group.

## FINDINGS

On any given day, there are approximately 400-500 incarcerated 18- to 21-year-olds, 94 to 97 percent of whom are boys. Black and Hispanic young people are disproportionately represented, with Black individuals consistently representing 55% or more and Hispanic individuals consistently representing approximately 30% of incarcerated 18- to 21-year-olds.<sup>2</sup>

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<sup>1</sup> The specific year of record review of the cohort is not being released to protect the privacy of the individuals in the cohort.

<sup>2</sup> In Connecticut, according to the 2020 U.S. Census, people who are "White alone" represent 61.6% of the population; "Black alone" represent 12.4%; Hispanic represent 18.7%; "Asian alone" represent 6%; American Indian and Alaska Native alone represent 1.1%; Native Hawaiian and Other Pacific Islander alone represent 0.2%; Some Other Race alone

OCA reviewed data related to mental health treatment, the use of chemical agent, and physical restraint. OCA found that:

- the majority of 18- to 21-year-olds are not provided with regular scheduled mental health treatment;
- use of chemical agent against late adolescent boys increased significantly in 2024. In 2022, there were 94 instances of chemical agent use, involving 70 individuals. After a reduction in 2023, 2024 saw 132 instances of chemical agent use, involving 119 individuals.
- in both 2023 and 2024, there were 15 instances of the use of in-cell restraints, including in-cell, therapeutic, and full stationary restraints. While each kind of restraint is defined differently, they are similar in that they occur within in a cell and late adolescents are typically placed in handcuffs and leg irons, which are connected by chains, and these are often attached to the bed. The length of restraints is documented but not tracked or analyzed.<sup>3</sup>

The increase in disciplinary reports and the related increase in the use of chemical agent for late adolescent boys raises serious concerns. Both speak to the need for meaningful engagement and therapeutic interventions. In addition, responses to misconduct are harsh and may exacerbate mental health needs and increase the likelihood of future misconduct.

Late adolescents may accumulate numerous days in Punitive Segregation, and documentation is not always clear about the total duration of isolation. Records did not reflect whether late adolescents placed in Punitive Segregation, once or for multiple placements, were offered individualized services or interventions. In depth review of records associated with a cohort of individuals placed on restrictive housing status, including Punitive Segregation, during the PUR did not identify any individualized behavior plans, other than one requested by the OCA, including for youth who were placed multiple times in Punitive Segregation.

Discipline in Punitive Segregation often includes other consequences such as loss of recreation (out of cell time), loss of commissary, loss of visits, loss of social correspondence, and loss of tablets. These are generally of longer duration than the days in Punitive Segregation. For example, David, who has intellectual disability, was placed in Punitive Segregation for a total of 106 out of 466 days. For the same period, he lost 248 days of recreation, 373 days of commissary, 300 days of social contact (visits, mail, phone).

### **IN-DEPT REVIEW OF CONDITIONS IN LONG-TERM RESTRICTIVE HOUSING IN DOC FACILITIES OTHER THAN MYI (CHRONIC DISCIPLINE, ADMINISTRATIVE SEGREGATION, AND SECURITY RISK GROUP)**

OCA's audit of conditions in these Restrictive Housing settings raised immediate concerns about prolonged isolation and deprivation for these late adolescents. In addition to site visits and interviews with incarcerated individuals, facility staff, and administrators, OCA reviewed DOC electronic health records (EHR), activity logs, and program completion data to assess the conditions of restrictive

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8.4%; and Two or More Races 10.2%. See <https://www.census.gov/library/stories/state-by-state/connecticut-population-change-between-census-decade.html>.

<sup>3</sup> DOC employees are required to document the start and end time on paper forms, but this information is not entered into the data system, tracked or analyzed.

housing, the length of time in restrictive housing, and the educational services provided to those with identified special education needs.

In all restrictive housing settings reviewed by OCA (PS, AS, Chronic, SRG I), late adolescent boys spend almost all hours of the day in their cell, though some may have cell mates. Meals are provided in their cell through a small slot in the door. Access to property is determined by the Unit Administrator in the facility.

With regard to recreation/out-of-cell time, OCA site visits and interviews with incarcerated individuals and facility staff during 2023 and early 2024 confirmed that individuals in these settings were not receiving four hours of out-of-cell time per day. During facility visits to Corrigan and Garner during 2025, incarcerated individuals and staff both indicated an increase in out of cell time, with a schedule that requires four hours of out of cell time. DOC provided schedules for the SRG I unit at Walker showing four hours of out of cell time. During a facility visit in 2025, staff and incarcerated individuals confirmed that this schedule is in place, though both also confirmed that other factors (such as staff shortages) determine whether such out of cell time is actually received. Out-of-cell time that is provided consists of movement, in mechanical restraints, from the individual's cell to a cage either inside the unit or outdoors. Restraints are removed once the individual is placed in the outdoor cage. The outdoor cage is constructed of chain link, with a chain link roof. At McDougal-Walker and Corrigan, where late adolescent boys on restrictive status are housed, the chain link cage is in an area enclosed by tall concrete walls such that only the sky is visible. Some late adolescent boys are placed alone in the cage, and some are placed in the same cage with other individuals. Inside the cage, in these locations, there are no seats and no tables. On the SRG I units, there is nothing to use for the purpose of recreation.<sup>4</sup> On multiple occasions, OCA staff observed individuals simply standing in the outdoor cage as that is the only thing they can do in that space.

Late adolescent boys in these restrictive settings are routinely strip-searched.<sup>5</sup> Every time a late adolescent boy leaves his cell, including for a clinical visit or school, he is strip-searched before exiting the cell and placed in restraints. For visits, late adolescent boys in these settings are strip-searched before and after visits.

Visitation and phone calls are sharply curtailed or not permitted, depending on the phase of Administrative Segregation, Chronic Discipline, or SRG.<sup>6</sup> Any late adolescent boy who receives disciplinary sanctions may lose visitation and/or access to the tablet for purposes of making phone calls.

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<sup>4</sup> Individuals on SRG II and SRG III are housed in Corrigan, where recreation is provided in either an indoor or outdoor area. The outdoor area is surrounded by a cage and individuals are provided with some limited recreation. Whether indoor or outdoor, individuals are provided with some movement, social interaction, and recreational activities, like playing cards.

<sup>5</sup> While the DOC policy provides a list of situations where strip searches are permitted without reasonable suspicion, this does not include strip searches upon exiting one's cell while in restrictive settings. Nonetheless, wardens in more than one facility have confirmed that individuals in SRG I or AS are routinely strip searched before exiting their cells for any activity.

<sup>6</sup> Individuals in general population are permitted to have six phone calls per day and are provided with tablets for that purpose. They are also permitted at least two in-person visits per week.

OCA conducted in-depth reviews of a cohort of 13 late adolescent boys in restrictive housing settings (PS, AS, Chronic, SRG I) during our PUR. OCA reviewed records for a one-year time period within the PUR, reviewed certain records for a period prior to the PUR, and conducted site visits throughout the PUR.<sup>7</sup> OCA's record review revealed that for the entire one-year period reviewed, 9 of the 13 late adolescent boys participated in no groups or programs, except for very limited hours of special education services for those who were eligible. For the remaining 4, program participation was minimal, consisting of only a few hours of programming over the course of the entire year.

Of the 13 late adolescent boys in our cohort, 9 were in SRG. The degree of isolation and inactivity for these late adolescents was alarming. While DOC policy indicates that the five phases of SRG should take 12 months, review of records showed that these individuals remained in SRG longer than 12 months. Of the 9 late adolescent boys in the cohort reviewed by OCA, 4 spent the entire one-year period reviewed in SRG I/II, and records indicate they had been on SRG status for years. For example, at the time of our review, Charles had been on SRG status for 4.5 years. Jeremy had been on SRG status for a total of over 3.5 years.

This report includes an appendix with detailed stories of 6 late adolescent boys, compiled through extensive review of DOC documentation including disciplinary reports, medical EHR, educational records, and policies.

OCA acknowledges that, since our review of the cohort in this report, DOC has made efforts to identify ways to reduce the use of restrictive housing and improve conditions. OCA met with DOC officials in November 2022 to discuss OCA's concerns regarding transfers of late adolescents to facilities other than MYI, lack of adequate mental health treatment, and the isolation of late adolescents in restrictive housing settings without access to programming or education. In October 2023, the DOC issued a Request for Proposals for Restrictive Housing Study, which was subsequently awarded to Falcon Inc. Falcon issued a report, entitled *[Comprehensive Study, Program Validation, and Best Practice Recommendations](#)* in November 2024. Falcon identified similar concerns to those identified by OCA and provided detailed recommendations.

## CONCLUSIONS AND RECOMMENDATIONS

OCA's review revealed serious concerns about the treatment of late adolescents in restrictive housing settings, including prolonged use of isolated confinement, lack of programming, inadequate mental health treatment, and inadequate educational services.<sup>8</sup>

Public Act 22-18 made significant changes to reduce the use of isolated confinement and ensure that individuals are not confined in cells for more than 19 hours per day. One of the key aspects of isolation, however, remains prevalent in restrictive housing: lack of meaningful contact with other individuals. Some late adolescents remain in restrictive housing settings, Security Risk Group I and II in particular, for years. During this time, they have no or extremely limited meaningful contact with

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<sup>7</sup> The specific year of record review of the cohort is not being released to protect the privacy of the individuals in the cohort.

<sup>8</sup> OCA acknowledges that this review of individuals in restrictive housing involves a small cohort of 18- to 21-year-olds and we cannot conclude that all individuals placed in SRG remain for years based on this data alone. Nonetheless, the findings are instructive as the current system design in Phase I requires no disciplinary infractions for four months in order for an individual to progress to Phase II and includes no meaningful activity or rehabilitative programming, no social interaction, and extensive loss of basic privileges.

other individuals. They eat in their cell and receive no programming, activities, or visitation. Phone calls are sharply curtailed. Education is limited to students with special education needs, who receive minimal educational services. Strip searches are routine.

When late adolescents remain in restrictive housing for years, they are experiencing significant deprivation during a critical period of development between childhood and adulthood. During adolescence, including late adolescence, the brain is malleable. This means that late adolescents are “not only adaptable to innovation and learning but also vulnerable to toxic experiences, such as resource deprivation, harsh, coercive or antisocial relationships, and exposure to drugs or violence.”<sup>9</sup> Thus, we must recognize that prolonged restrictive housing for those aged 18 to 21 is particularly detrimental and contrary to what is developmentally appropriate.

Late adolescents are “more responsive to positive feedback (including both material rewards and social rewards such as praise and recognition) than to punishments.”<sup>10</sup> The Center for Law, Brain & Behavior finds that “[f]or late adolescents who engage in criminal behavior, relying upon approaches that build on buttressing individual strengths and resiliencies, at a time when the brain’s plasticity facilitates new learning from experience, can promote positive growth and prevent further penetration into the criminal justice system.”<sup>11</sup> Policy makers should consider:

evidence-based models . . . which improve recidivism outcomes by separating younger offenders from older adult offenders, placing them into their own units with developmentally aligned programming, and using developmentally-trained correctional, educational, pre-vocational, and behavioral health staff to utilize less punitive approaches and support positive community re-entry, thus increasing the likelihood of avoiding future criminal involvement.<sup>12</sup>

OCA recommends:

1. All individuals who are 18 to 21 should be housed in Manson Youth Institution. Programming should be developmentally appropriate and provide daily engagement. All staff should be trained in late adolescent development and de-escalation and intervention techniques. Evidence-based positive behavioral supports should be incorporated into the environment. One goal of improved programming should be the reduction in instances of interpersonal conflict and related use of chemical agent.
2. Transfer to other adult correctional facilities should be prohibited. Until such time as transfers to other adult facilities are prohibited, the following is recommended:

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<sup>9</sup> National Academies of Sciences, Engineering, and Medicine. (2019). *The Promise of Adolescence: Realizing Opportunity for All Youth*. Washington, DC: The National Academies Press. doi: <https://doi.org/10.17226/25388>, at 58.

<sup>10</sup> Center for Law, Brain & Behavior at Massachusetts General Hospital (2022). *White Paper on the Science of Late Adolescence: A Guide for Judges, Attorneys and Policy Makers* (January 27th, 2022), 37.

<file:///C:/Users/ghioc/Downloads/CLBB-White-Paper-on-the-Science-of-Late-Adolescence-3.pdf>,

<sup>11</sup> Id. at 41. (Citation omitted)(defining late adolescence as age 18-21).

<sup>12</sup> Id. at 24.

- a. The DOC should create a dashboard to identify any 18- to 21-year-old who is recommended for transfer for any reason and identify any individual aged 18 to 21 who has received two Class A Disciplinary Infractions within any 30-day period.
  - b. The DOC should create a transfer review committee to review the circumstances of any recommended transfer and any individual with more than two Class A Disciplinary Infractions within any 30-day period. For each individual identified, the committee should review the reasons for the recommended transfer, disciplinary history, projected discharge date and the discharge transition plan, educational status, mental health needs, and visiting resources, and develop a positive behavioral support plan to maintain the individual at MYI. Transfer should occur only if necessary to ensure the safety of other late adolescents on the unit and should be in the least restrictive appropriate setting.
  - c. If any transfer is recommended for the purpose of placement in Restrictive Housing, outside of short-term Punitive Segregation, additional review should be conducted by the Commissioner and three Administrators to ensure that less restrictive housing options have been exhausted, appropriate behavior intervention plans have been developed and properly implemented, and the proposed placement in restrictive housing has been reviewed by a qualified mental health professional. No individual who has intellectual disability or a serious mental health condition should be placed in restrictive housing.
  - d. The DOC should create a multi-disciplinary group, to include external experts in mental health and development of late adolescents, to review data and individualized information related to the circumstances of transfers to other adult facilities, including review of all information reviewed by the transfer committee in making the determination to transfer, review of the behavior leading to the transfer, review of the behavioral support plan and implementation of same prior to transfer. The multi-disciplinary group should make recommendations for improving developmentally appropriate programming and behavioral supports and reduce transfers to other adult facilities.
3. The information provided by DOC administration suggests that there are important gaps in counting days to ensure that incarcerated individuals are not subjected to isolated confinement for more than the maximum allowable time. In particular, time in administrative detention, transfer detention, and protective custody are not included. Currently, when an individual is going to be placed in punitive segregation, they may be placed in the restrictive housing unit while awaiting a decision regarding punitive segregation or while awaiting transfer back to their regular unit, called administrative detention or transfer detention. While the individual is housed on the restrictive housing unit, in administrative detention or transfer detention, out-of-cell time is limited to two hours per day, meaning they are in isolated confinement. Because they are not designated as being in punitive segregation, however, it appears that this time is not being counted toward the maximum length of 15 consecutive days or the maximum of 30 days within a 60-day time period. OCA found in its review of a small cohort several instances of individuals who were held for several days longer than the documented time in punitive segregation. In addition, DOC indicated that current tracking “does not include the capacity

to adequately track SRG program participants if in punitive segregation at this time.”<sup>13</sup> This may be resulting in under-reporting of the use of isolated confinement. DOC policies should be revised, and statutory amendment may be required, to ensure that all time in settings with fewer than 4 hours of out-of-cell time is being counted toward the statutorily created maximum period for isolated confinement under Public Act 22-18.

4. The state should prohibit the use of restrictive housing for prolonged periods for individuals aged 18 to 21, except in rare circumstances, and the Department of Correction should develop alternatives to restrictive housing that ensure the safety of staff and incarcerated individuals while being developmentally appropriate. In keeping with the recommendations of the National Commission on Correctional Health Care, the use of restrictive housing should be used only as an exceptional measure when other, less restrictive options are not available and for the shortest duration. Where less restrictive means are not available, those in restrictive housing should have as much human contact as possible. This should include access to treatment and rehabilitative programming, visitation, phone calls, and education at the same level as those in general population as well as meaningful opportunities for exercise.
5. The legislature should create a working group that includes the Department of Correction, experts in mental health care, and experts in adolescent development to review methods for eliminating the use of long-term restrictive housing and make recommendations to the legislature. The working group may wish to consider as a model New York’s Humane Alternatives to Long-Term Solitary Confinement Act, known as the HALT Act. The law, adopted in 2021, created limits the use of “segregated confinement” in important ways, including:
  - a. limiting the use of restrictive housing to circumstances in which an individual has been found to have committed certain violent offenses;
  - b. limiting the use of restrictive housing to no more than 60 days in a 12-month period;
  - c. requiring discharge from restrictive housing if the person “has not engaged in behavior that presents a specific, significant, and imminent threat to the safety and security of themselves or other persons during the preceding 15 days;”
  - d. requiring “access to congregate programming and amenities comparable to those housed outside of restrictive housing including access to at least seven hours per day of out-of-cell congregate programming or activities with groups of people in a group setting all in the same shared space without physical barriers separating such people that is conducive to meaningful and regular social interaction”; and
  - e. evidence-based therapeutic interventions and restorative justice programs aimed at addressing the conduct resulting in their placement in restrictive housing.

The working group may also find guidance for innovative practices to reduce the most harmful effects of restrictive housing in the Urban Institute’s Justice Policy Center brief *Solitary Confinement in US Prisons*<sup>14</sup> including:

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<sup>13</sup> Email from DOC to OCA, dated June 18, 2025.

<sup>14</sup> <https://www.urban.org/research/publication/solitary-confinement-us-prisons>



- a. Prohibition on the use of solitary confinement for certain at-risk populations;
  - b. Conducting mental health assessments at the time of admission, prior to placement in solitary confinement, and throughout time in solitary confinement;
  - c. Requirement that those in restrictive housing be provided with group programming outside of their cells;
  - d. Creation of therapeutic communities that focus on rehabilitation and long-term behavioral change;
  - e. The use of “step down” units to support transition back to general population or the community; and
  - f. Training staff to identify signs that people are at risk of harming themselves or others and crisis intervention training.
6. Consistent with the recommendations of the National Commission on Correctional Health Care, the DOC should ensure that medical and mental health examinations are conducted without restraints and without the presence of custody staff, including for individuals in restrictive housing, unless there is an individualized high risk of violence. Even where custody staff must be present, such staff should be at sufficient distance to ensure auditory privacy.
7. The Department of Correction should develop a strategic plan to eliminate the use of in-cell restraints (including in-cell, therapeutic, and full-stationary restraints), consistent with the recommendations of the [Falcon team in the Department of Correction Restrictive Housing System Study](#). The strategic plan should include methods for de-escalation, training on serious mental health needs, and transparent data sharing with stakeholders and the public.
8. The Department of Correction should obtain body scanners to be utilized as an alternative to strip searches. The Department’s report to the legislature in response to Public Act 23-12 provides information on the capability of using body scanning machines to replace strip searches. While there is no data regarding strip searches, the Department estimated the number of strip searches in 2023 to be 235,050. The Department assessed that it would require 26 units to install body scanners in admitting and processing units, visiting rooms where contact visits take place, and restrictive housing units. The estimated cost for all 26 units is \$4,001,400.

The state recently approved funds for a pilot that promises to provide four body scanners in two facilities. Until such time as the Department can obtain body scanning machines in all facilities, it should re-assess policies and procedures to eliminate all unnecessary strip searches, collect data on all strip searches conducted, including those deemed to be routine (i.e. those conducted in restrictive housing settings), and prioritize placing scanners in York, MYI, and in the most restrictive settings where strip searches are routine.

9. Public Act 22-18 required DOC to report to the legislature, by January 1, 2024, regarding the measures taken by the Department to address, among other things, the presence of persons with serious mental illness or developmental and intellectual disabilities in isolated confinement or on

restrictive housing status, efforts to increase out-of-cell time, the provision of therapeutic or other pro-social programming for persons on restrictive housing status, and the use of in-cell restraints.<sup>15</sup> This report was provided to the legislature and, upon request, to the OCA. While the report includes most of the data required under Connecticut General Statutes §18-96b(i), it did not include all of the data required under that section and does not include all of the information required under Connecticut General Statutes §18-96b(h). Specifically, it appears that DOC has not provided the following information:

(1) The number of incarcerated persons who were in isolated confinement for more than fifteen cumulative days in the previous calendar year as categorized by the following periods of time:

(A) Sixteen to thirty days;

(B) Thirty-one to sixty days;

(C) Sixty-one to ninety days; and

(D) More than ninety days . . . .<sup>16</sup>

(2) information on persons with developmental and intellectual disabilities in isolated confinement or on restrictive housing status;<sup>17</sup> or

(3) the provision of therapeutic or other pro-social programming for persons on restrictive housing status.<sup>18</sup>

The legislature should require DOC to provide the remaining information as soon as possible.

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<sup>15</sup> Public Act 22-18 was codified, in part, at [Conn. Gen. Stat. § 18-96b\(h\)](#).

<sup>16</sup> [Conn. Gen. Stat. § 18-96b\(i\)\(2\)](#).

<sup>17</sup> [Conn. Gen. Stat. § 18-96b\(h\)\(2\)](#).

<sup>18</sup> [Conn. Gen. Stat. § 18-96b\(h\)\(4\)](#).