DEPARTMENT OF CORRECTION'S RESPONSE TO THE OFFICE OF CORRECTIONAL OMBUDSMAN 2025 CONDITIONS OF CONFINEMENT REPORT

SANITATION AND HYGIENE ACROSS FACILITIES

The Department of Correction (DOC) is responsible for maintaining thirteen correctional facilities across the state of Connecticut with buildings that range in age from 32 to 113 years old. While the age of these buildings can provide challenges, the DOC is consistently providing maintenance, updates and improvements to the conditions and infrastructure of these buildings.

Funding to support this diverse infrastructure comes from two primary sources, 1) an annual General Fund appropriation that is approved each year by the State Legislature and included in DOC's overall agency budget and bonded funds. DOC's Other Expense (OE) General Fund appropriation covers regular maintenance and emergency repairs that can occur daily. This fund supports supplies and vendors that may be necessary for various repairs and up-keep; and 2) bonding, which are General Obligation bond authorizations (bond bill) that are approved by the State Legislature and the Governor. This funding is used for capital expenditures on state facilities. DOC uses its bond authorizations for specific projects that are approved at the State's Bond Commission hearings with funds being used on larger repairs, improvements, and replacements on its aging infrastructure.

The following is a summary of DOC's OE expenditures for building repairs, related supplies and vendors, and for pest control for Fiscal Year '23 through December '25.

DOC General Fund (OE) Expenditures

Expenditures		FY 23	FY 24	FY 25	FY 26 - Jul.-Dec.	Total
53401	Premises Repair/Maint Services	$2,971,651	$3,933,115	$3,912,593	$2,532,336	$13,349,695
53402	Premises Repair/Maint Supplies	$10,486,293	$9,499,833	$9,357,759	$5,098,939	$34,442,824
53404	Premises Pest Control	$70,499	$77,996	$77,624	$56,137	$282,256
	Total	$13,528,443	$13,510,944	$13,347,976	$7,687,412	$48,074,775

The following is summary of bonding that DOC has been approved for on various projects from Fiscal Year '23 through FY '26.

Fiscal Year	# of Projects	Amount (Allocated)
FY23	12	$ 13,238,000
FY24	17	$ 57,890,688
FY25	7	$ 47,861,000
FY26	14	$ 6,933,252
Total	**50**	**$ 125,922,940**

The projects that have been approved during this time have included an additional $50M for window and door replacement at Osborn CI; $5M at Manson YI for renovations and improvements; over $55M for heating and cooling projects; and smaller other upgrades at various facilities. Some of these projects, such as the Osborn CI windows and doors, take multiple years to complete and multiple approvals from the Bond Commission.

As noted above, the DOC provides for pest control through individual vendor contracts. Each facility maintains a contract with a pest control vendor and has a regular schedule of visits depending on pest activity and the facilities history of pest activity. While some facilities maintain a monthly schedule of visits, other facilities maintain a twice weekly regular schedule of visits. All facilities have access to ad hoc emergency services, in addition to the regularly scheduled visits, should the need arise.

Regarding other specific concerns raised in the report:

1. Feminine hygiene products at York CI are available to the incarcerated population on an as-needed basis, free of charge. Several improvements were made in 2025 to increase the ease of access to these products. Products are available on each tier and in each living area with direct access by incarcerated individuals, and containers are stocked and re-filled daily or as needed. Individuals no longer need to request these items from staff and now have direct access to feminine hygiene products.

2. On July 9, 2025, Bridgeport CC experienced a sewer back-up as a result of an eight inch drain being clogged. The backup was discovered during a supervisor's tour and immediately reported to maintenance. Upon assessment, outside vendors were called to repair and clean the affected areas. It was determined that the clog was the result of sheets, clothing and rags being flushed down the toilet. Affected individuals were removed from the unit until all cleaning was complete and the issue was resolved. Additional staff were hired for overtime to address any issues and assist with any

property claims. On July 10, 2025, all individuals were returned to their units with normal operations resumed. The Office of the Correction Ombuds (OCO) was timely notified of this incident and kept informed of all updates during this 24-hour period.

3. Shower renovations are underway at several facilities, including York CI, MacDougall-Walker CI, Bridgeport CC. Additional renovations are scheduled for New Haven CC, Hartford CC, and Cheshire CI in 2026.

4. In accordance with DOC's Consolidated Response to the OCO's Heat Mitigation Report, and with respect to the three facilities (Bridgeport CC, Hartford CC, and Osborn CI) that are not fully air-conditioned, the DOC has established:

    a. Documented, accountable water/ice distribution protocols with supervisory verification;
    b. Seasonal fan deployment and operational monitoring; and
    c. Prioritization of medically vulnerable populations for climate-controlled housing.

    In coordination with the Department of Administrative Services, engineering firms have been selected to complete design work at Bridgeport CC and Hartford CC for air-conditioning installation.

5. With regards to claims of inadequate ventilation, the DOC conducted testing of all exhaust fans and has confirmed fans are either operational or are in the process of being repaired or replaced.

RECOMMENDATIONS:

a. The Ombuds has recommended that remediation of environmental hazard be performed by qualified professional contractors. The DOC already has these remediation plans and contracts in place. DOC maintains a contract with an environmental testing and remediation company that addresses all air, water and mold concerns. Pest concerns are also addressed by qualified, professional vendors.

b. The Ombuds has recommended that the DOC should formalize and strengthen documentation, verification and auditing mechanisms for hygiene, pest control and remediation efforts, to include follow up efforts. In response, DOC will review all facility sanitation plans for completeness and uniformity among facilities to the extent practicable. Vent cleaning will be included in this review.

Such reviews will focus on areas of improvement and enhancement and any such measures shall be immediately implemented. DOC will also review for any opportunity to strengthen documentation of these efforts.

c. The Ombuds has recommended that shower access, bedding exchange and laundry frequency be increased and formally codified during periods of elevated heat and humidity. These concerns were previously addressed in the DOC's Consolidated Response to the OCO's Heat Mitigation Report, with 2025 and 2026 changes incorporated. DOC will review for any opportunity to codify these changes into existing policy.

MEDICAL SERVICES

As highlighted in the report, DOC provides medical services to more than 11,000 incarcerated individuals annually. These individuals present a wide range of medical conditions, requiring comprehensive and coordinated care. In 2025 alone, DOC health care staff managed over 38,000 nurse-patient encounters, 21,000 physician sick calls, 15,000 dental visits, 3,500 infirmary admissions, 40,000 mental health therapy sessions, 114,000 laboratory tests, 5,000 x-rays, 11,000 outpatient specialty appointments, and dispensed nearly 6 million doses of medication. The DOC acknowledges its critical role as a major healthcare provider and affirms that delivering quality care within correctional settings is an essential aspect of its responsibility to the incarcerated population.

1. Public Act 22-133 states that the Commissioner of DOC will develop a plan for the provision of health care services to the incarcerated population, including mental health care, substance use disorder, and dental care services. For the plan to be successful, DOC noted it needed the ability to (1) secure necessary funding, (2) find/construct the necessary space to provide the required medical services, and (3) recruit and retain the necessary staff to comply with all provisions of the plan and Public Act 22-133. The ability to recruit and retain the necessary staff depends largely on two factors: (1) overall availability of healthcare personnel in the local community and (2) the ability to offer competitive salaries to hire such personnel. Compensation rates remain the biggest impediment to hiring medical and mental health staff. This plan is publicly available.

2. Public Act 25-168 requires DOC to develop a plan for the provision of health care services, including, but not limited to, mental health care, substance use disorder, and dental care, to persons incarcerated under the DOC's jurisdiction. Public Act 25-168

serves as an addendum to the original submission of Public Act 22-133. The addendum is designed to reflect the current staff levels and healthcare obligations, as they existed in July of 2025. As in 2023, the success of the plan in 2025 continued to depend on the DOC's ability to attract and recruit the planned number of personnel to perform the expected duties. On November 3, 2025, DOC provided its response to the requirements of the public act via letter to the chairs and ranking members of both the Judiciary and Public Health Committees of the Connecticut legislature. This response integrates relevant portions of the letter.

3. DOC's Health Services Unit (HSU) continued its recruitment efforts in 2025. These efforts included fifteen (15) days of interviews for Registered Nurse candidates, direct recruitment efforts for optometrists and principal psychiatrists, and participation in the CT Student Loan Repayment Program. HSU also continues to take an active role in outreach to Connecticut state colleges and universities, as well as various clinical associations and networks. By way of example, in September of 2025, HSU participated in three outreach events: (1) a DOC career fair at the Maloney Center for Training and Staff Development, (2) the Waterbury American Job Center's Healthcare Career expo, and (3) the University of Hartford's Career and Internship Fair. HSU's Chief Nurse Executive and the Nurse Education Department attended these events. In addition to these events, HSU participated in at least ten other outreach events in fiscal year 2025. As a result of these continued efforts, in 2025, HSU successfully onboarded twelve (12) Registered Nurses and ten (10) licensed practical nurses.

4. For Fiscal Year 2026, the inmate medical appropriation is $145.6 million (excluding fringe benefits). After factoring in retained funding from Fiscal Year 2025, DOC was already facing a 1.4% deficiency as of September 2025. DOC's Health Services Unit (HSU) is facing compounding average cost growth of 12% over Fiscal Years 2022 through 2025. Since Fiscal Year 2022, health expenses for the incarcerated population have grown 37%.

5. The DOC has been cooperating with other agencies across the state to improve medical services for those under DOC custody and enhance discharge services for those transitioning out of DOC. On April 17, 2023, the Centers for Medicare and Medicaid Services (CMS) indicated that states will have the opportunity to submit Medicaid waivers that would allow an exception to the general exclusion of Medicaid eligibility for those under the care and custody of DOC. These waivers would also allow Medicaid reimbursement for services provided to those same individuals 90 days before release. In July 2023, interagency work groups began meeting several times weekly to design and implement a re-entry demonstration. The goals of this re-entry demonstration are: (1) to increase coverage, continuity of coverage, and appropriate service uptake; (2) improve

access to services before release and improve transitions and continuity of care into the community upon release and re-entry; (3) improve coordination and communication between correctional systems, Medicaid systems, administrative services organizations, and community-based providers; (4) increase investments in health care and related services aimed at improving the quality of care in the carceral setting and community setting to maximize successful re-entry post release; (5) improve connections between carceral settings and community services; (6) reduce all-cause deaths in the near-term post-release; and (7) reduce the number of emergency department visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventative and routine physical and behavioral health care. Connecticut awaits final federal approval of the 1115 re-entry demonstration.

6. While final approval of the re-entry demonstration is pending, DOC and other state agencies have been working extensively to implement the Consolidated Appropriations Act (CAA) of 2023 Sections 5121 and 5122 which lifts the Medicaid payment and Children's Health Insurance Program (CHIP) eligibility exclusions for certain services provided to eligible juveniles who are within thirty (30) days of release from DOC custody. This means that juveniles who are within 30 days of release are no longer subject to the CHIP inmate eligibility exclusion. This mandate will be implemented on July 1, 2026.

7. During these planning efforts for the 1115 re-entry demonstration and CAA, DOC has received some resource commitments, including clinical, discharge, and administrative staff, along with a planned improvement to electronic health record systems to enable greater data reporting and a heightened focus on population health management. DOC anticipates that, each year, approximately 9,500 individuals will be eligible for the services developed under the CAA or 1115 re-entry demonstration described herein. Expansions of care and improvements in the re-entry process will also drive improvements in evaluations upon intake to DOC custody. The intake evaluations will be more targeted to identify chronic health care needs as well as mental health and substance use needs.

8. DOC's re-entry planning is a collaborative effort with DOC's re-entry counselors, parole staff, probation staff, and HSU discharge planners. Re-entry counselors develop individualized plans tailored to the unique needs of individuals entering the community. Health-related discharge planning services are provided to all releasing inmates with a medical or mental health score of 3 or greater, with some exceptions. HSU's discharge planning staff often coordinates with other units within DOC and probation staff. Basic HSU discharge planning includes activating health insurance, reviewing discharge prescriptions and how to obtain them, providing a medical summary or W-10, and

assisting with scheduling community health appointments if needed.

9. DOC is also engaging with the Department of Social Services (DSS) and the Office of Policy and Management (OPM) to examine hospitalizations and outpatient service utilization over 2022-2024. This is an effort to understand basic utilization standards compared to other populations, such as HUSKY D enrollees, to identify ways to improve health care quality and outcomes, seek efficiencies in care, and provide enhanced guidance on care management for those in DOC custody.

10. HSU continues to improve medical services for the incarcerated population and train staff in Fiscal Year 2026.

    a. Brooklyn Correctional Institution began renovations to expand its Opioid Treatment Program.
    b. New dental chairs and an X-ray machine at Cheshire CI/Manson Youth Institution have improved patient treatment and care at both facilities.
    c. York CI's HSU staff began participating in a multidisciplinary group to develop a better understanding and protocols to treat addiction conditions in jails, prisons, and re-entry settings.
    d. HSU began a new CPR program called Resuscitation Quality Improvement (RQI). This program has modernized CPR education by shifting to quarterly, skills-focused refreshers supported by simulation technology.
    e. DOC has upgraded radiology technology at five institutions (Bridgeport CC, Cheshire CI, Garner CI, Hartford CC, and New Haven CC) and completed a room installation at Manson Youth Institution.
    f. DOC has received NCCHC MOUD accreditation at five facilities.
    g. HSU's Training and Education team hosted competency fairs across Connecticut to enhance HSU employees' skills while providing patient care. These competency fairs have streamlined the validation of required skills, improved consistency across departments, and provided HSU leadership with clearer insight into systemwide competency strengths and gaps. 76% of HSU nurses attended the competency fair in 2025. This event will continue to be offered every spring for HSU staff.
    h. Beginning in July 2024, DOC began a targeted effort to bring all employees into full compliance with required training through the Maloney Center for Training and Staff Development. As of January 2026, only three HSU employees still need to attend. HSU has 99% compliance as of the date of this response. This initiative is helping to ensure that every DOC staff member completes the standardized curriculum, strengthening organizational consistency, reducing risk, and reinforcing accountability across all departments.

i. HSU's Quality Improvement team begun rewriting Administrative Directive 8.10 (Continuous Quality Improvement of Healthcare Services) to ensure it aligns with and reflects current HSU services and quality improvement performance measurements.
j. On September 24, 2025, DOC held its first K2 Summit for 236 DOC employees.
k. HSU provided over 1,000 face-to-face visits with a physician to discuss colorectal cancer screenings completed with ColoGuard.
l. HSU held two semi-annual Wellness Screenings (clinics), during which all incarcerated individuals were offered baseline screenings. During the first screening event, 5,277 patients were screened; 324 received medical referrals; 773 received blood pressure check orders; 41 patients were newly diagnosed with diabetes mellitus; 70 patients were newly diagnosed with hypertension; and 40 were referred to mental health staff for additional follow-up. During the second screening event, 4,924 patients were screened; 191 received medical referrals; 458 received blood pressure check orders; 24 patients were newly diagnosed with diabetes mellitus; 74 patients were newly diagnosed with hypertension; and 31 were referred to mental health staff for additional follow-up and treatment.
m. Beginning in 2023, annual emergency response training was implemented to enhance staff preparedness through scenario-based simulations and standardized protocols, resulting in stronger team coordination and faster, more reliable response performance. In 2025, 78% of HSU nurses attended this training. The training will continue to be offered every fall for HSU staff.

RECOMMENDATIONS:

1. The Ombuds has recommended that the DOC revise Administrative Directive 9.6.
    a. The DOC has been reviewing and updating Administrative Directive 9.6 to remove the requirement that an incarcerated individual must meet with a Unit ADA Coordinator as a prerequisite to filing an ADA appeal. DOC expects this to be completed by the end of Fiscal Year 2026.
    b. DOC invites the Office of the Correction Ombuds to provide further details on the recommendation to align Administrative Directive 9.6 with Administrative Directive 10.19, to better understand the concern so DOC may address it.
    c. Given the various, often unknown factors that go into creating and effectuating a reasonable accommodation, DOC does not provide an exact timeframe for providing a substantive response to an ADA request. Furthermore, the Department of Justice reviewed DOC's directives and did not specify a timeframe for DOC to substantively respond to an ADA request. The DOC, however, notes the overarching concern contained in the OCO's findings. As such, the DOC will

amend Administrative Directive 10.19 to emphasize the importance of prompt responses to ADA requests. Specifically, the DOC will add language requiring the facility's ADA coordinator provide updates as necessary. This is already being done in practice and will soon be codified in an Administrative Directive.

2. The Department continuously assesses shower areas for safety, including adequate slip-resistant flooring or mats. This has been an ongoing project and will continue on a rolling basis.
    a. Cheshire CI
        i. Currently, shower mats are available in all showers. These mats are 5 feet by 3 feet and made for both wet and dry areas. Each mat is cut to fit the shower.
        ii. Cheshire has received a quote for epoxy flooring, which is pending approval.
    b. York CI
        i. The existing showers at York CI have been inspected and have textured bottoms, though some textured surfaces are worn. The showers with potential safety concerns are being prioritized for renovation. This renovation is underway and is about 50% complete. In the last fourteen (14) months, twenty-one (21) showers have been completely renovated, including epoxy non-slip surfaces on walls and ceilings, along with new shower fixtures. In total, 27 out of 62 showers have been renovated. The Department estimates that renovations of all York's west showers will be completed within the next two years. The epoxy showers have an aluminum oxide slip-resistant additive in the final topcoat.
    c. Garner CI
        i. All showers at Garner CI will be renovated to include non-slip coating by the end of February 2026.
    d. Carl Robinson CI
        i. The bathrooms have been recently renovated. All the showers have been evaluated and completed. The floors inside and outside the shower stalls are epoxy-coated.
    e. Manson Youth Institution
        i. Renovations for the juvenile cottages are in the exploration phase. Mats are located outside of the shower stalls.
    f. Cybulski CI
        i. No further renovations are currently in process as the showers have a non-slip coating on the inside and outside the shower stall floors.
    g. Bridgeport CC

i. Bridgeport CC has four areas where the incarcerated population can shower: the New Center, the Memorial Dormitories, the North Wing, and the Infirmary. All New Center shower areas have epoxy floor sealants and coatings installed in 2025. Within these areas, Aluminum Oxide was mixed into the coating. When applied, it has a rougher finish to help reduce slipping. This coating was applied to all shower areas and all hallways leading to the showering areas- 14 in all. Both Memorial dormitories underwent a complete renovation project to improve plumbing, water flow, showering areas, and toilets. This renovation also included applying epoxy floor sealants with Aluminum Oxide to all 8 showers. Slip-resistant mats have been ordered for all 16 showers in the North wing. The infirmary has three showers and slip-resistant mats have been ordered for each shower. The New Center and Memorial showers were updated in 2025 through February 2026, and Memorial is expected to be completed in March 2026. An assessment was completed for all shower areas in Bridgeport CC, once repairs are completed, there will not be an emergent need for further repairs/renovations to the showers to address slip resistance. All work orders and repairs will be expedited to ensure the safety of the incarcerated population using the showers.

h. Corrigan CC
    i. All showers in the facility are anti-slip epoxy coated. In 2024 and 2025, all areas with failing epoxy were recoated. The showers in the AP area are equipped with slip-resistant mats. Staff regularly reassess areas that may need epoxy recoats but have not identified any at this time.

i. Hartford CC
    i. An assessment of shower mats was completed for the entire facility. Shower mats are placed both inside and outside of each shower. Where deficiencies were identified, an order for additional mats was submitted. DOC anticipates that the additional mats will be delivered within the next two to three weeks. All shower pans had epoxy applied within the last 2 years.

j. MacDougall-Walker CI
    i. Since November 2024, the Maintenance Department has completed shower coating repairs to address failing epoxy coating in six units. As part of the epoxy shower coating repairs, rusted metal doors were replaced with plastic doors to prevent future corrosion. Once all repairs in the MacDougall building are complete, epoxy repairs will begin in the Walker building. Two housing units at Walker have had plastic doors installed in the shower stalls to prevent corrosion. MacDougall is continuing epoxy coating repairs and similar upgrades in two housing units. A replacement

shower door is being fabricated for a housing unit at Walker, as the current door has some corrosion.

k. New Haven CC
    i. During a recent assessment of the shower areas, some showers were found to be missing mats. The warehouse is ordering additional mats to replace the missing ones. Staff are considering different options for shower mats to cover a larger area. New Haven CC is in the process of ordering additional shower mats to cover the outside of the shower area as well. New Haven CC has been renovating the main building showers two at a time. To date, six shower floors have been replaced. These replacements included removing the existing shower flooring and tile on the walls closest to the floor then sealing the floor with cement and epoxy. The East Dorm bathrooms will be renovated within the next few weeks, including removing all shower stalls, installing full shower replacements, and applying an epoxy coating from the floor to the ceiling with slip-resistant flooring. After the completion of the East Dorm bathrooms, the West Dorm and Sierra Unit showers will follow.
l. Osborn CI
    i. All units have some form of anti-slip floor material, such as epoxy or tile and grout. The facility is continuing to assess areas that may need updating or renovation.
m. Brooklyn CI
    i. Showers throughout the facility are currently being assessed for slip-resistant measures. Any necessary improvements will be considered by the appropriate staff.

3. The DOC will evaluate the suggestion to obtain accreditation from the National Commission on Correctional Health Care (NCCHC). Given the scope of the recommendation and that accreditation is recommended for each DOC facility, DOC's evaluation of this recommendation could not be completed by the time its response was due for this report.

FOOD SERVICES

1. As the Ombuds has noted, the DOC serves approximately 35,000 meals each day, which encompasses three standardized menus among which the incarcerated population may choose (the Master Menu, the Common Fare Menu, and the Non-

Animal Menu), as well as medical, therapeutic, and religious menus provided to thousands of incarcerated individuals.

a. The Ombuds' comment regarding the cook-chill system of food preparation is misleading. The Ombuds indicated that "a cook-and-chill system is utilized at select facilities to prepare meals distributed statewide," thereby implying that no food is prepared at the individual thirteen facilities. In fact, the majority of meals are prepared at the individual facility, with approximately 30% of meals prepared at the central production facility.

b. The photographs included in the Food Services section of the report are also misleading. None of them is representative of a tray served to the incarcerated population. Instead, the photographs depict "sample trays," which are prepared in accordance with the Centers for Disease Control and Prevention's "Model Food Safety Practices for Correctional Facilities." These trays are comprised of samples of each food item served at a given meal (not full portions of those food items) and are frozen and archived after service so that the food is available for testing in the event any food-related issues arise.

c. The photograph on p. 8 of the Ombuds' report is also misleading. While it is accurate that a dead mouse was discovered on the floor in the west chow hall at Osborn CI at 11:09 a.m. on December 9, 2024, what is not mentioned in the report is the fact that at 10:53 that morning, the Warden, the Ombuds, and other members of the Osborn administration entered the chow hall and toured the kitchen and no mouse was seen. It was not until 11:09 a.m. that an inmate reported that he found the dead mouse. Review of the video footage of the area allowed staff to determine that one inmate, with the assistance of another inmate[1], had placed the dead mouse on the chow hall floor. Both inmates were identified and issued disciplinary tickets for interfering with the safety and security of the facility by creating unsafe and unsanitary conditions. Prior to the submission of his report, the Ombuds had reviewed the video, as well, and was aware of the circumstances involved. However, the report neglects to convey the reality of the situation: that the mouse had been planted there by two inmates and that Osborn CI staff addressed it immediately.

d. Note that the incarcerated kitchen workers are not "assigned to prepare specialty or off-menu food items that differ from meals served to the incarcerated population." Instead, the incarcerated kitchen workers are

[1] Note that the second inmate was the individual who reported the presence of the mouse at 11:09 a.m.

provided motivational advantages; specifically, they are permitted to enhance their own trays with ingredients on hand (e.g., if a chicken patty is on the menu for the meal, the incarcerated kitchen worker has the opportunity to add an ingredient such as sauce or tomatoes to the chicken patty for his or her own consumption). This is considered an informal benefit of working in the kitchen.

e. Note that the DOC employs a full-time registered dietitian whose duties include but are not limited to the analysis and monitoring of the nutritional values of all meals, the design of individualized medical and therapeutic diets in conjunction with medical staff, and the oversight of the nutritional adequacy of religious diets. The dietician also oversees the approximately 20 standardized therapeutic diets that are offered to the incarcerated population as needed and ordered by Health Services. The dietary analyses of all diets available to the incarcerated population satisfy the national Dietary Guidelines for Americans. While the Ombuds admits that he does not have a dedicated Health Care Consultant and did not have one available to him during the drafting of this report, the report does erroneously represent information regarding sodium levels and fiber intake of the DOC's Common Fare menu.

f. Note that the DOC's three Food Services Managers and the Food Services Director are or are in the process of becoming certified "sanitarians" through the training offered by the Connecticut Department of Public Health (the most recently promoted Food Services Manager is presently enrolled in the training course). The Managers presently conduct formal health inspections of all facility kitchens on an annual basis (these inspections occur twice per year at York CI and Manson Youth CI pursuant to the National School Lunch and Breakfast Programs, promulgated by the USDA, which requires this enhanced managerial oversight for all facilities that house individuals under the age of 18). These statewide inspections are being increased in the second quarter of 2026. Food Services Managers shall conduct three quarterly informal, documented kitchen inspections, and one formal inspection (per the current format) each year. These inspections are in addition to the daily inspections of all kitchens conducted by Food Services staff on site.

g. It should also be recognized that incarcerated individuals' reporting of medical conditions diagnosed *after* incarceration cannot be ascribed to the confirmed dietary sufficiency of the meals served by Food Services. There are a wide variety of food products available to the incarcerated population through Commissary. The introduction of these foods into the balanced diet provided

by the DOC must necessarily skew the benefits afforded to the individual. Furthermore, many incarcerated individuals are diagnosed with medical conditions once they are incarcerated due to the fact that they are now provided medical care and treatment. Conditions that were previously undetected are now diagnosed and treated.

RECOMMENDATIONS:

a. The Ombuds has recommended that the DOC "strengthen coordination between Food Services and medical staff to ensure effective accommodation of therapeutic diets." Note that therapeutic diets are ordered by the treating Health Services staff at the facility and are approved by the Health Services administrators at Central Office who have such oversight. The therapeutic diets are ordered for a specific time frame, subject to renewal. When necessary, the diet orders are analyzed by the DOC's registered dietician. The diet orders are then transmitted to Food Services by Health Services.

   While this has proven to be an effective and streamlined procedure, the DOC is prepared to explore whether there are possible methods that could be implemented by which it might be enhanced.

STAFFING LEVELS AND FACILITY LOCKDOWNS

The DOC acknowledges the issues posed by lack of adequate staffing. The DOC is consistently recruiting and hiring for custodial positions. In February 2026, the DOC hired and began training for approximately 100 Correctional Officers. The DOC anticipates the hiring and training of additional classes of Correctional Officers, specifically seeking two more training classes of approximately 100 Correctional Officers each, for a total of approximately 300 new Correctional Officers in calendar year 2026.

RECOMMENDATIONS:

a. The Ombuds has recommended that the DOC explore the expanded use of temporary reemployment of retired state employees to supplement staffing during periods of acute shortages. The DOC is unable to respond to this recommendation without in depth conversations with other state agencies to include the

Department of Administrative Service (DAS), the Office of Policy Management/Office of Labor Relations (OLR) and the Office of the State Comptrollers to review the feasibility of this recommendation. The DOC does acknowledge the unique challenges this recommendation poses due to the hazardous duty nature of the position and the state-wide Temporary Worker Retiree guidelines and anticipates the need for in-depth bargaining to occur with our labor and union partners. If the need exists and is approved by DAS, the DOC may employ retired hazardous duty employees in a non-hazardous duty capacity.

b. The Ombuds has recommended that the DOC assess opportunities to allow qualified counselors, addiction services workers, and other non-custody professionals to perform functions that do not require sworn custody authority, thereby reducing the operational burden on correctional officers and limiting the need for lockdowns driven by staffing shortages. The DOC is unclear what functions the Ombuds is proposing to reassign to non-custody staff. Again, to the extent the Ombuds is proposing the reassignment of duties, the DOC would need to review any such proposal with DAS and OLR to determine if there are contractual or other related issues with such an arrangement. The DOC welcomes further conversations with the Ombuds to be able to fully understand and explore this request but notes that since the majority of lockdowns occur over the weekends, this recommendation may have limited value.

c. The Ombuds has recommended that the DOC develop facility-specific contingency staffing plans that prioritize the continuation of core services during staffing shortages and establish internal review mechanisms when lockdowns are repeatedly imposed for non-emergency staffing reasons. The DOC has facility specific emergency plans that have been negotiated previously with union leadership. Currently, agency and union leadership at each facility are negotiating changes to the plans to increase the number of posts to be shut down prior to implementing the emergency staffing plans. It is anticipated that this will decrease the number of lockdowns, thereby prioritizing the continuation of core services. As these changes are implemented, the DOC will review the effectiveness of these changes to determine if additional steps are necessary.

LEGAL SERVICES

1. The Ombuds' Report sets forth a misinterpretation of the constitutional mandate for the DOC to provide the incarcerated population with access to the courts. As stated in

Bounds v. Smith, 430 U.S. 817 (1977), and clarified in *Lewis v. Casey*, 518 U.S. 343 (1996), the United States Supreme Court has held that "the fundamental constitutional right of access to the courts requires prison authorities to assist inmates with the preparation and filing of meaningful legal papers by providing prisoners with adequate law libraries or adequate assistance from persons trained in the law." *Bounds*, 430 U.S. at 828. However, as pointed out in *Lewis*, *Bounds* does not "guarantee [ ] [any] particular methodology but rather the conferral of a capability – the capability of bringing contemplated challenges to sentences or conditions of confinement before the court." *Lewis*, 518 at 356. This capability is provided by means of assistance, not the actual filing of cases or representation in court. It does not include "enabl[ing[the prisoner to *discover* grievances, and to *litigate effectively* once in court." *Id.*, at 354 (emphasis in the original).

This capability does encompass what the Inmate Legal Assistance Program ("ILAP") provides, which includes but is not limited to the following: the provision of legal research and advice, as necessary; assistance with legal issues and strategies with regard to cases that fall within the "access to court doctrine;" assistance with the drafting of documents pertaining to cases challenging the conditions of confinement; and the physical preparation of meaningful papers such as writs, motions, and memoranda of law in order to provide incarcerated persons a reasonably adequate opportunity to present to the court claims that fall within the scope of *Lewis*. Court appearances and representation are specifically excluded from that which is to be made available to the incarcerated population. *Id.*, at 354.

To that end, between July 1, 2025 and January 31, 2026, ILAP received 2,106 pieces of written correspondence and 3,207 telephone calls from incarcerated individuals; it sent out 2,877 pieces of written correspondence and initiated 1,385 telephone calls to incarcerated individuals. 324 legal issues were resolved with assistance from ILAP attorneys during this time period.

2. Note that, while it is accurate that the Ombuds referred matters related to ILAP to the State Contracting Standards Board, the SCSB dismissed the Ombuds' concerns at its regular meeting on January 9, 2026, stating that "things are not as the Ombuds says."

3. The Ombuds raises questions regarding the "structural implications of the Department of Correction serving as both the subject of conditions-of-confinement complaints and the purchaser and contract manager of legal services designed to facilitate those complaints." These questions are answered by statute; specifically, Conn. Gen. Stat. § 18-81, which bestows upon the Commissioner of Correction the duty to, inter alia, "within available appropriations for such purpose, [to] arrange for provision of legal assistance of a civil

nature to indigent inmates of department institutions and facilities and legal representation for such inmates before administrative boards where permitted or constitutionally required."[2] It is the legislature's intent, therefore, consistent with Supreme Court precedent, to require the Commissioner of the DOC to be "the purchaser and contract manager of legal services" for the incarcerated population.

4. In place of law libraries, the DOC adheres to the standard set forth by the United States Supreme Court in both *Bounds v. Smith* and *Lewis v. Casey*, *supra*. As cited above, *Bounds* defined the constitutional right of access to the courts as requiring "prison authorities to assist inmates with the preparation and filing of meaningful legal papers by providing prisoners with adequate law libraries *or* adequate assistance from persons trained in the law." *Bounds*, 430 U.S. at 828 (emphasis added). The *Lewis* court emphasized that *Bounds* neither guaranteed nor required any "particular methodology" to be implemented by prison authorities in order to achieve this objective; instead, the Court deferred to the prison authorities to determine which methodology would best serve its populations' needs. The DOC determined that this assistance – the "conferral of . . . the capability of bringing contemplated challenges to sentences or conditions of confinement before the courts" -- is best provided through its contract with ILAP. *Lewis,* 518 U.S. at 354. ILAP can and does provide timely and current legal assistance through the expertise of trained lawyers.

RECOMMENDATIONS:

a. The Ombuds has recommended that the DOC terminate the ILAP contract. The DOC declines to terminate the ILAP contract because to do so would leave the incarcerated population without the meaningful access to the courts to which it is entitled. The ILAP contract concludes on June 30, 2026, and the DOC is issuing a Request for Proposals from any and all interested parties to meet the need for legal assistance for the incarcerated population.

b. The Ombuds also recommends that the DOC expand access to legal materials through the Securus tablets. Note that the DOC is currently exploring this as an option. Some legal resources are already available on the tablets, including but not limited to those Connecticut General Statutes most relevant to inmates' needs (i.e., Titles 18, 51, 52, 53, 53a, and 54 in their entirety); the Connecticut Prison Rights Manual; and information regarding advocacy services, the Board of Pardons and Parole, the Office of the Public Defender, and ILAP. As for the

[2] Legal representation before administrative boards is neither permitted nor constitutionally required. The ILAP contract, therefore, does not provide same.

inclusion of state and federal judicial forms, the DOC has already explored this and has learned that the tablets do not have the capability to provide PDF versions of the forms (which would allow the individual to complete the forms online) or to permit the individual to print out a hard copy.

c. The DOC's commitment to research the availability of a law library on the tablets would address the Ombuds' recommendation to "establish or restore" such libraries at the four county correctional facilities and York C.I. At the present time, however, the DOC affirms the superior efficacy of ILAP over physical law libraries at each facility.

d. The Request for Proposals for the ILAP contract will permit the DOC to reevaluate the method(s) by which it will continue to provide the incarcerated population meaningful access to the courts. As it is the DOC's statutory and constitutional duty to provide this legal assistance, it is not possible to partner with another entity, such as the Office of the Public Defender (which handles inmates' criminal defense and appeals), as suggested by the Ombuds, to assume this responsibility.

COMMUNICATION SERVICES

1. Tablets

a. The Ombuds has reported that he has received "repeated complaints" regarding the wait to receive a tablet and the "prolonged unavailability" of tablets. Pursuant to DOC Administrative Directive 10.10, "Inmate Tablet Use," inmates are issued a tablet (along with a clear protective case, a set of earbuds, and a charger) once they have been incarcerated for 30 calendar days. If a problem with the tablet arises, inmates are instructed that they must submit a ticket directly to the vendor, reporting the problem. Under many circumstances, the vendor is able to fix the problem remotely. If not, the vendor will alert the DOC's Security Division that the inmate requires a new tablet. If the tablet is broken so that the inmate cannot submit a ticket directly to the vendor, he or she knows that a report of the breakage must be submitted to the facility's tablet officer or property officer who will address the problem.

b. The vendor sends a shipment of approximately 1,000 tablets to the DOC every month for distribution among the correctional facilities. The correctional facilities, meanwhile, inform the Security Division of their tablet inventory the first week of every month. Every attempt is made to maintain an inventory of 100 tablets at each

facility at all times in order to issue tablets expeditiously to newly incarcerated individuals or to those who require a replacement tablet.

c. As cited in previously in this response, the DOC is presently exploring adding to its inclusion of legal resources on the tablets. The vendor is able to accommodate a link to a law library, purchased by the DOC, on the tablets and DOC is in contact with other departments of correction who utilize such services in furtherance of the DOC's research on this topic. However, it must be noted that the Ombuds' finding that a "digital law library access exists contractually but is often unavailable in practice" is misleading. The contract with the tablet vendor provides that the vendor has the ability to incorporate a digital law library purchased by the DOC. The contract does not contemplate the provision of the digital law library, itself.

d. Due to HIPAA, Connecticut confidentiality statutes, and other privacy concerns, the DOC is unable to utilize the tablets for the submission of grievances, medical requests, ADA requests, or sick calls.

e. Note that the tablets avail the incarcerated population to an expansive amount of free content, including but not limited to an over 5,000-book library; hundreds of podcasts within 28 categories (including but not limited to Audiobooks, Comedy, Employment, Education, Religion, Personal Development, and Sports); many interactive games; and unlimited access to AM/FM radio streaming. While there are also elements that are available for a fee, the DOC has not observed any greater availability of these fee-based services as opposed to the availability of the services and content that are free to the incarcerated population.

2. Telephone and Electronic Messaging Services

    a. The Ombuds references two complaints about the telephones and the electronic messaging services available on the tablets. As with all technology, problems and issues do arise. DOC attempts to resolve these issues and work with the vendor as circumstances dictate.

3. Communications Outage

    a. The DOC acknowledges that there was an inadvertent partial disruption to the incarcerated population's ability to make six (6) telephone calls per day; instead, they were limited to three (3) telephone calls per day on April 26, 27, and 28, 2025. The vendor was able to resolve the issue and full access was restored. At that time, the vendor also put into place protective measures that preclude the

ability of such errors to recur. The Ombuds' innuendo that there exists any correlation whatsoever between this one specific isolated communications disruption and the "active legislative session that included consideration of proposals affecting free electronic messaging services" is unfounded.

b. Furthermore, as this was one isolated, brief, and only a partial communications disruption, the Ombuds' finding that communications disruptions are "recurring and systemic" is false.

4. Video Visitation Services

a. The Ombuds notes that video visitation is inconsistent among the facilities. The DOC acknowledges that equipment and connectivity can be, at times, problematic. However, it is critical to note that the majority of scheduled video visits are successful. Each facility is responsible for the scheduling and arranging of the video visits and most if not all requests for video visits are scheduled to take place within 24 hours of the request.

b. A pervasive problem with video visitation is the visitor's unfamiliarity with Microsoft Teams, the platform utilized by the DOC. Visitors frequently do not accept the invitation to the visit, despite instructions included in the DOC-generated email. This results in the visitor not being able to activate the enclosed Teams link and the DOC staff member being unable to admit them into the visit.

c. Another recognized problem with video visits is that, since the video visits take place in the facility's visiting room, lockdowns, when they occur, necessarily will interfere with the visits taking place as scheduled. It must be acknowledged that facility lockdowns are an unavoidable aspect of the correctional environment and that safety and security concerns are of paramount importance. Such circumstances do not give rise to "avoidable cancellations" and cannot be anticipated. Note that during "modified lockdowns," video visits are available.

5. Kiosks

a. Note that the kiosks were installed as part of a pilot program and that, contrary to the Ombuds' finding, they were operational during the time of the pilot. However, tablets became available and were introduced to the facilities soon after the installation of the kiosks and the DOC determined that providing each incarcerated individual with a free tablet would be a much better means by which

the DOC could – and did – make more resources and opportunities available to the population than those which could be afforded by the kiosks.

RECOMMENDATIONS:

b. The Ombuds recommends that the DOC "adopt minimum tablet distribution timelines and inventory standards to ensure timely and equitable access across facilities and housing units." This recommendation has already been adopted and, as discussed above, the DOC has established inventory, distribution, and timeline standards statewide.

c. As to the Ombuds' recommendation regarding the activation of a tablet-based law library, the DOC is researching other jurisdictions' implementation of this tablet-based resource. The tablets at the DOC do contain a variety of legal resources, however, including but not limited to relevant statutes; manuals; and information regarding various advocacy groups, the Office of the Public Defender, the Board of Pardons and Parole, and ILAP.

d. The Ombuds recommends that the DOC "pilot electronic submission of grievances, sick call, medical, and ADA requests through tablets to improve transparency, tracking, and institutional accountability." As explained above, this is not possible due to HIPAA, Connecticut statutory confidentiality provisions, and other privacy concerns. Until the DOC can have some private modality to manage transmission of such protected information, this is not a feasible option.

e. Regarding the recommended implementation of "uniform protocols and staff training standards for video visitation administration to reduce inconsistencies and prevent avoidable cancellations or missed visits," the DOC is exploring whether the post responsible for video visitation can be made a "specialized post" in all the facilities, with a staff member dedicated to this specific role. That could enable the DOC to formalize a statewide uniform system for the administration of video visits. While this would not obviate the very real restrictions placed on video visits by virtue of facility lockdowns and visitors' difficulty with Microsoft Teams, it potentially could streamline some aspects of video visitation.

f. As noted above, the DOC has already "strengthen[ed] safeguards against systemwide service restrictions resulting from single manual configuration changes." It is critical to recognize that this recommendation is based on a single,

partial communications disruption of brief duration and that the vendor and DOC implemented such safeguards as soon as possible.

STAFF PROFESSIONALISM AND INSTITUTIONAL INTEGRITY

The DOC expects that all employees act in a professional, ethical and responsible manner. As noted in the Ombuds' report, the DOC has comprehensive Administrative Directives, to include directives governing employee conduct and social media use, as well as a Code of Ethics. Any substantiated violations of these (and other) policies, can subject the employee to discipline in accordance with Administrative Directive 2.6 Employee Discipline.

RECOMMENDATIONS:

a. The Ombuds has recommended that the DOC immediately remove all political and ideological displays from all correctional facilities in resident facing and staff areas. While the DOC has taken steps to remove the items displayed in the photos on page 50 of the Ombuds' report, the DOC is unclear, without further review and discussion, of what constitutes "political and ideological" displays. These are undefined terms and subject to various and far-reaching interpretations. The DOC will conduct a review of resident facing areas for overt signage or displays and address on a case-by-case basis. Additionally, DOC will review any specific reports or complaints in this regard received from the population on a case-by-case basis. All staff have the opportunity to report any perceived political or ideological displays within staff areas as well as resident facing areas to the DOC's Office of Equal Employment Opportunity Unit for review in accordance with Administrative Directive 2.1 entitled Equal Employment Opportunity and Affirmative Action.

b. The Ombuds has recommended that the DOC restrict the use of lockdowns to legitimate security or operational necessity, and prohibit lockdowns for staff convenience, celebrations or non-emergency events. As previously stated in this report, it must be acknowledged that in certain circumstances, facility lockdowns are an unavoidable aspect of the correctional environment and that safety and security concerns are of paramount importance. While the DOC attempts to limit, and will continue to attempt to limit, lockdowns, there are circumstances that arise that may necessitate a modified or full lockdown. In addition to staffing, these circumstances may include required staff training, traumatic incidents, such as a

serious assault of staff death, and the bi-annual health clinic. To the extent a lockdown is occurring for "staff convenience, celebrations, or non-emergency events" the DOC will reinforce with facility leadership the appropriate use of lockdowns.

c. The Ombuds has recommended that the DOC strengthen protections by developing clearer and more explicit guidance defining retaliation following contact with oversight entities and enforce these standards. The DOC will review current policies to look for opportunities to provide clearer and more explicit guidance in this regard.

d. The Ombuds has recommended that the DOC reinforce professional conduct standards related to post assignments, appropriate use of facility resources and compliance with accessibility and parking requirements. The DOC has policies in place that address post assignments as well as the use of facility resources. When there are reports of violations, these violations are addressed, and depending on the particular facts, discipline may result. It is unclear from the observations contained in the report the circumstances surrounding some of the particular observations noted, including whether or not staff had authorization to leave their assigned post.

e. The Ombuds has recommended that the DOC prohibit the dissemination of protected health information or other sensitive personal information within correctional facilities.

In the scenario described in the report, it remains uncertain whether the staff member in question explicitly granted the author permission to disclose the relevant information.

As a general rule, DOC staff are strongly advised to avoid discussing or disseminating any personal information of the type referenced in the report, particularly when it pertains to medical or disability-related matters. The Americans with Disabilities Act (ADA) serves as the primary legal framework overseeing the confidentiality of medical records in employment settings.

DOC policy strictly prohibits the release of medical information about one employee to another employee. In the situation described on page 49 of the Ombuds' report, DOC did not furnish the author of the disseminated material with any details about the individual in question. If the individual involved had provided written authorization for the release of their information, that

information would not be considered protected health information. It is also important to note that the Health Insurance Portability and Accountability Act (HIPAA), which typically governs the privacy of health information in healthcare settings, does not apply in this specific employment context. However, the DOC is actively preparing to become a HIPAA-covered entity. As part of this transition, comprehensive training is being provided to all DOC staff, including both custody and medical personnel, emphasizing the critical importance of protecting the health information of the incarcerated population and preventing unauthorized disclosures. This ongoing education initiative reinforces DOC's commitment to upholding the highest standards of privacy and confidentiality.

f. The Ombuds has recommended that the DOC enhance training and enforcement of social media policies, with emphasis on the impact of staff online conduct on institutional legitimacy and public trust. The DOC will review its training modules, specifically regarding social media, to enhance and improve, where appropriate, as well as educate staff on the consequences of inappropriate use of social media in accordance with the DOC's existing social media policy.